THE

Therapeutic Gazette.

Old Series. Vol. V. | Detroit, February 15, 1882. | New Series. Vol. III, No. 2.

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Original Department.

Science in Therapeutics, with Suggestions Looking Towards its Accomplishment.

By S. M. Curl, M. D., F. L. S., Etc., Rangitekei, New Zealand.

HAVING read with much pleasure and profit the editorial articles in the THERAPEUTIC GAZETTE, I am pleased to observe that an effort is to be made to place therapeutics upon a more satisfactory footing, by a careful testing of the elements of the materia medica in actual practice, by competent medical practitioners, and to check by numerous carefully conducted experiments, the results obtained in individual cases; that thus may be worked out a series of investigations that will show the value of individual remedies, and in which particular diseases or affections they are useful, thus removing the opprobium of the uncertainty of medical practice at the present.

In almost all departments of science and learning, the great American people have not only been willing to accept, and then improve upon former methods and inventions, but have produced from their midst some of the greatest discoveries of the day, in many arts, sciences, and forms of learning; and it, therefore, comes exceedingly well from them that at last they have determined to take up the study of therapeutics, and remove the reproach of backwardness and uncertainty from this art, and by careful study and proper method redeem it, and bring it into the shape of an exact science.

That there is nothing impossible in this is certain: we have seen that modern chemistry has grown out of the alchemy of old into a science,

that is every year becoming more exact, although even half a century ago how great was the want of knowledge displayed therein; and we have seen that physiology has developed itself during the past thirty years into a science that is now capable of exact demonstration from the researches and labors of the workers therein of all nationalities. Further, anatomy and histology have become nearly exact departments of knowledge, while pathology and morbid anatomy are now taught in many establishments in most civilized countries with the greatest exactness and precision. Natural history, comparative anatomy, and the other biological studies also have been reduced to a great state of certainty, and the physical sciences and those that treat of heat, light and electricity, have become well known and exact.

But the science of therapeutics has not kept pace with other studies, and is by no means exact at the present time in any one country, and nothing can show better how little the physician and therapeutist have done to work out exact results in this art than the fact of the numbers of medicines that are highly extolled by some and despised and neglected by others. Another proof is the conduct of the people themselves; they swallow all kinds of nostrums instead of applying to medical practitioners. These very same people would not try to repair their watches or steam boilers themselves, but they propose to remedy the disorders of a much more complicated apparatus (their own bodies). And why? Because they think "doctors differ," and that "medicines are uncertain." But whenever physicians or therapeutists have settled their own differences, and reduced their art to an exact science, the public will apply to them as certainly as they now do to the mechanic, the surveyor, the astronomer, or the electrician, when they require assistance within the bounds of the knowledge of these experts.

It is therefore extremely gratifying that an organized effort is now to be made to remove the uncertainty hitherto connected with therapeutics. But that this may be undertaken with a fair prospect of success, let all matters connected with this investigation be taken into account in such a way that there shall be no uncertainty in the results.

There must be some exact diagnosis, as it is of no use trying remedies in what are really different diseases, and then finding that different results have been arrived at. And here, at the inception of the inquiry, comes in the difficulty that some physicians have not the same conception, or knowledge of the causation and morbid conditions of disease as others, or, they have received from their teachers particular hypotheses of disease that others do not accept. It will, therefore, be necessary to make provision for such instances, and clearly define what are the exact pathological conditions that are to be treated by any medicinal agent, and to take into account age, sex, constitutional peculiarities, previous disease, season of the year, climatic conditions and sanitary surroundings, with many other circumstances that the educated physician will remember; that these particulars being all considered the results may be compared.

It must not be left to those who have not kept up their knowledge by reading and personal research to enter upon an investigation of this kind. Much has been done in all countries to obtain exact knowledge upon some of the preliminary matters connected with therapeutics, and a knowledge of all these discoveries, investigations and experiments should be possessed by those who propose to take up therapeutical research in the future, or they will fail to make the study as perfect as it should be.

For instance, all future investigators ought to have a full knowledge of the parts of the body upon which each remedy and its alkaloids or other proximate principles act, and produce their effects, and should know exactly what these effects are. What will be the use of telling us, that opium and its pharmacopœial preparations acted in certain cases as sedatives, nauseants, antispasmodics, soporifics, narcotics, or acted, in fact, in any other way? This gives us no real information; but to tell us how morphia, apomorphia, meconic acid and the other principles of opium, act both physiologically and pathologically in numerous instances, and the circumstantial peculiarities in each which caused differences, would be a real gain and something that would lead to scientific certainty in results worth securing. Again, what will be the use of experimenting with belladonna, duboisia, stramonium, hyoscyamus and their preparations unless we know how much there is of the active agents of each of these there is in the preparation tried; and also how far the several active principles are alike, and what are the real quantities and active agents in each of the drugs and its preparations, tested in any given case? Or, what will be the use of testing the effects of nux vomica when we must first learn what are the principles besides strychnia and brucia, if any, that it contains, and how much of these are kept up in the officinal preparations under ordinary conditions of storage? Then again, the first thing to be done before any medicine is tested in the treatment of diseased persons will be to have an exhaustive chemical examination made of all the drugs that are to be used, and after several reliable chemists have agreed upon all the active principles contained in these drugs, then these active principles are to be experimented with by the physiologists, and the effects they produce noted in all particulars, and after every pathological or physiological effect is recorded they may than be taken in hand by the physicians, but not before.

And then, there arises, for the testing physicians, this necessity, that each shall know what has been done in later years in elucidating the natural history, duration, result, sequelæ, morbid changes, etc., of all or many diseases with their cause, either by living germs introduced, and then acting in the manner of ferments, whether in the blood or other fluids, or in the solids as is now proved to be the case in most of the exanthemata, as well as in splenic fever, or charbon or anthrax, in which a microscopical being is now proved to produce these diseased states; or whether the morbid symptoms are the result, of a parasite taking up its abode in its host's tissues as in the trichinous disease from the migrations and encapsulation of the

trichinæ spiralis; or, whether it arises from tænia or strongylus, or hydatid or other parasites.

Again, in the disease, pyemia or septicemia from the entrance of germs which then lead to collections of pus or other poisonous material in the fluids or in the solids, or, is the disease Asiatic cholera or typhus fever, to which our present knowledge points as resulting from the introduction of germs which increase in, and thus injure the organs or the tissues upon which they direct their attack; or is it such a disease as hydrophobia where a peculiar cell-growth being in the diseased saliva is conveyed through the bite of the rabid animal into the blood of the bitten creature, and there migrating to the brain and spinal cord, after a varying interval, so alter the function, of the parts that eventually the symptoms so well known, leading to death, are produced?

Or, leaving these germ-produced diseases, and turning to those that are produced by some chemical agent left too long in or not removed from the body, as in gout, rheumatism, uremia, icterus and many others, we have not only a morbid agent, not removed from the body but producing by its presence certain chemico-physiological alterations in the fluids and solids; and in addition, the organ that usually removes it is incapacitated temporarily or even permanently from doing so.

To meet this condition of things with any degree of scientific precision, two very different procedures are necessary: to treat the affected organ and also neutralize for harm, the morbid product in the fluid or solids, and also, if possible, to bring into increased action some other organ to assist the one that is diseased and remove from the body what cannot be excreted in the usual manner.

All this has to be done after a very careful investigation has been made as to the exact morbid state as well of the organic imperfection as of the chemically morbid material. If this is not done, then we shall always have the same empiricism as in the treatment of rheumatism in the past, when one practitioner treated it with alkalies and another with acids, another with salicine, or salicylic acid, or salicylic salts, or with hot water, or cold water, or with diaphoretics, or with sedatives, or with iodide of potassium and opium, or with blistering, or with the so-called "expectant treatment," or with scores of other methods, but with no certainty and with no pretence even to an exact knowledge of the state of things that are being treated.

But if any good is to come out of the proposed inquiry, it must all be very different to this kind of "rule of thumb" treatment. The exact state of things must be known, and then each thing must be met and treated in a manner up to the exact science of the day. Of course this will make matters harder for the physicians of the present, if they are to treat disease properly and reduce their art to a science, than for those of the past. But this will be no permanent difficulty to the best of the professors of the healing art, for they will arm themselves with the necessary knowledge to battle with disease, and take such trouble to study the whole surroundings of a case that they will be masters of all its details.

Astronomers have not stood still, nor have electricians, engineers or chemists been appalled by the difficulties that even recently faced them, but by exact methods and the invention of new means, fresh apparatus and better mathematical methods they have always been adding to exactitude and the perfection of their scientific results.

From the time that chemists began to examine drugs and discover their chemical principles and supply the physicians with this knowledge, and from the time that Magendie began to use these principles with an attempt at precision, when Lænnec calling acoustics to his aid, invented and taught the use of the stethoscope for auscultation, and Piorry introduced and taught percussion, when the clinical thermometer has become a common aid to diagnosis and prognosis, when the analysis of the urine and other secretions has become the rule by all qualified physicians, when the inventions and researches of Helmholtz, Donders and Hirsch have done so much to place within the reach of all the exacter instrumental and other aids to diagnosis; when the work of Virchow, Kölliker and a host of other great discoverers have taught us the facts of cell-growth and cell pathological change; when Spencer, Cobbold and the other great helminthologists have given us the the history of those parasites that make hosts of and prey upon our bodies; when the studies researches and writings of Professors Nægele, Pasteur and others, have taught us how microscopic beings enter our bodies, and while undergoing their own amplifications and developments produce in us the various diseases from which we suffer; when Professor Lister and others have shown us how to prevent these creatures gaining access to human and other bodies, and how to destroy them if they have gained entrance; there is no doubt that among a people like the Americans who have done so much as discoverers and improvers, that worthy disciples of these great men will be found and will be always appearing to carry on the work, and every year make the practice of medicine more precise, exact, and scientific.

Much has been done by physicians in America and Europe to search out the exact *modus operandi* of many drugs, so that we now already know how the active principle of digitalis, of belladonna, of opium, of tobacco, of the calabar bean or its alkaloid, physostigmine, act, and upon which nerves and organs they operate, and while the chemists are analyzing the drugs for their active agents, and physiologists and pathologists are trying their effects, physicians will not be slow in using all those that possess virtue, or have effects that may be useful.

Thus every year more exact knowledge is accumulating, and in the future medical students will not be troubled with the farago of nonsense that is now taught as therapeutics and the knowledge of the practice of physic. All this will hereafter be replaced by a correct and exact knowledge of the precise condition of the organs and fluids in any presented case, and then also, knowing the mode of action of the several drugs and chemicals, a remedy will be applied, and the case treated with a certainty of result that is now only known in a few instances.

With a view to make of real service the results of

the proposed therapeutical investigations, and to hasten on the time when the practice of medicine will be conducted on exact and scientific principles, must be my excuse for trespassing upon you with these short and incomplete suggestions, for it is to be hoped that no generalizing or imperfect methods of research and experiment will be permitted; but that those gentlemen will be chosen to conduct these experiments who are known both for their orderly methods and their devotion to science, who will bring to bear upon this inquiry all the instrumental and other aids that will make whatever is done, so far reliable that it is known to be exact; that the results obtained may hereafter be found reliable, and the record not be laden with hypotheses, but with facts that can be used as fresh points of departure by all. And it is to be devoutly wished that from these experiments may commence and go on to perfect accomplishment, what will hereafter result in a science of medicine, and suffering humanity be relieved from the empiricism, uncertainty, and fatal results that now so frequently prevail through the unscientific modes of treating disease, as well as by the public themselves, by the several schools, and the different classes of practitioners of physic.

The temptation to go into details, and to have so expanded these remards as to make them more explicit, was very great, as also to have shown what had been done to increase our scientific knowledge of the practice of medicine, and by whom all has been done, in all countries, in the past few years; but it would not have been possible without occupying too much space, and it might not have done so well as your leading articles will put it to us from time to time; but, if hereafter, it should be thought desirable that I should write more fully upon subjects which to me are of great interest, it will give me much pleasure to contribute towards this very desirable object, so that thus we may the more quickly bring about that time, which I am sure is approaching, when medicine will be an exact science.

A New Scientific Work.

By F. E. Stewart. M. D., Ph. G., New York City.

A NEW system of scientific work is suggested, which has as its object the promotion of progress in the science of pharmacology, and the arts embraced under this classification, for the purpose of increasing knowledge concerning drugs, and improving medical literature. To further this object three things are proposed: 1st, that the United States Pharmacopœia be made a national law; 2d, a pharmacological investigation of the materia medica of the world, under the auspices of the government; 3d, co-operation between the professions of pharmacy and medicine, with this end in view.

Pharmacology is the science of drugs.* It professes to exhibit what is actually known or may be learned concerning drugs in the forms of science, viz.: in the forms of exact observation, precise definition, fixed terminology, classified arrangement, and rational explanation. This science should represent the knowledge of all of the properties of drugs; it embraces, therefore, the knowledge of materia medica, or the substances employed in medicine, pharmacy, or the preparation of drugs, and therapeutics, or the application of medicine to the cure of disease.

*This definition of what is necessary to constitute a science is drawn from Porter's Psychology.

In the study and classification of the science of drugs the following points are to be determined: 1st, in relation to medicinal plants: scientific name; synonyms; definition; natural order; botanical origin; history; commerce; production; cultivation; description; microscopical structure; chemical composition; uses (in medicine); adulteration and substitutions; pharmaceutical preparations and dose; antagonists and incompatibles; synergists; physiological actions; therapeutic properties; toxicology and antidotes. 2d, in relation to chemicals: the science of pharmacology should represent them to the extext that they are employed in medicine.

The term "drugs" refers to the substances employed in medicine, and only in that relation should a substance be regarded as a drug, under this classification.

To ascertain the properties of the substances employed in medicine a number of arts are employed, *e. g.*, microscopy, chemistry, pharmacy, therapy, etc. It is the knowledge obtained in the practice of these arts that, classified into the form of science, constitutes the science of pharmacology. Full knowledge of the work of original investigators in every department connect with this subject, should be published to promote progress therein.

But pharmacy and therapeutics in this country and Europe has, during the last 15 years, passed out of the control of science to great extent, and has been absorbed by the unscientific system of the so-called patent or proprietary medicine trade. It is said that this trade amounts to about $200,000,000 per annum, and that pharmacy is represented by a business of less than $25,000,000 a year. Before any great progress can be made in the science of pharmacology, some method will have to be adopted to protect legitimate pharmacy from further injury by the proprietary medicine scheme. (The action of Parke, Davis & Co. in this connection, in behalf of pharmacy and regular practice, and to protect legitimate trade, is well worthy of commendation.)

For the guidance of those interested in this subject, the following facts have been formulated:

1st. An inventor has no natural right, or right at common law, to the "exclusive use" of his invention.

2d. There is no law granting a monopoly to any article of commerce, except the patent law.

3d. The patent law was designed to promote progress in science and the useful arts. This is effected by granting to the inventor of a new and useful art, machine, manufacture, or composition of matter, or an improvement thereof, the exclusive use of his invention for a limited time in exchange for the publication of full knowledge of the invention, whereby the public may manufacture the same when the patent expires. The patent law stimulates inventors to invent, protects the investment of capital in the working of inventions, and secures to science the publication of full knowledge of the arts for classification into the forms of science.

4th. "The patent law does not protect every new and useful invention; a discovery in mathematics, such as a new method of squaring a circle, or of getting the area of an irregular figure, is not a patentable invention * * * and it was held by one really learned judge that the art of producing insensibility in the human frame by means of the inhalation of etheric vapors, although the discovery of the anæsthetic powers of ether was original with the patentees, is not a patentable invention."*

5th. "A discovery of a new principle, force, or law, operating, or which can be made to operate, on matter, will not entitle the discoverer to a patent."*

6th. "When an invention is susceptible as being claimed as a *process*, the claim can generally be so drawn as to practically and legally cover abstract principles."* Patenting a principle is a hindrance to science, and, as a rule, not allowed by the courts; but in this case there is a chance of evasion. Great care should therefore be exercised to prevent patents upon pharmaceutical processes from gaining control of abstract scientific principles. New inventions to utilize principles will promote progress in science. Patenting new principles will hinder all advance in knowledge concerning them. The courts maintained in the case of Morse's telegraph, that, although Morse was the first inventor of the art of conveying intelligence through an electric conductor, as to all the world, yet to grant a patent covering so important a principle, would be a great hindrance to science.

The elements of a patentable combination must co-act; the action of one element must influence the action of the other elements, and all work together for a common end, and that end must be a new and useful result, or a new and improved method of producing a result already known; otherwise the combination is a mere aggregation and not a patentable invention. Unless these requirements of the patent law be complied with the public should never grant an exclusive right to the manufacture and sale of a medicinal compound. It is also well to remember in discussing the question of the wisdom of granting patents to alleged medical inventors, that "where a patent is granted for a composition of matter made of several ingredients, it covers and embraces known equivalents of each of the ingredients."* "If one ingredient is left out, and another substituted, having the same or similar properties, and capable of serving the same or a similar purpose, then the use of such a substitute is a mere equivalent, and does not render the two compositions of matter substantially unlike."* A physician, therefore, who writes a prescription, which is the formula for a patented combination, or its equivalent, or an apothecary who compounds and sells the same to the patient, or the manufacturer who sells ready-made such a compound, are all guilty of infringement and liable to law.

7th. The courts have declared that labels are not proper subjects for protection by copy-right; and a copy-righted label in no case interferes with competition in the manufacture and sale of the contents of a package or with the free use of the proper name of the contents, compound or simple.

8th. A trade-mark, is unlike a patent or copy-right, the latter are creatures of statute and of grant, and subject to certain conditions in corporated in the statutes and in the grants. A trade-mark, on the contrary, is a thing of natural right and common law, being the commercial signature or brand of the manufacture marked on his goods to distinguish his make from some other make of the same kind of goods.†

9th. The proper name of a thing can not be a trade-mark. The name of a thing, no matter whether it be a coined name or not, becomes by use part of the common language, and therefore the property of the public. If a manufacturer allows his own name to become part of the proper name of an article he loses exclusive property in it as applied to that article; or if a fancy name is coined by him and used as his trade-mark and the article so marked is not known to the public by a proper name, the trade-mark name becomes, by public use its proper name, and is forfeited as a trade-mark. By this ruling all fancy names employed as trade-marks on articles not provided with a proper name, and not patented, are free to the use of the public; and proper names, compounded of the names of manufacturers, such as Schenk's mandrake pills, Hostetter's bitters, Ayres pills, etc., are included in like ruling.†

As the so-called patent or proprietary medicines are not patented, and as the things themselves, and the names thereof are common property, the remedy is apparent. They should be investigated and thrown open to competition, and the manufacturers of fraudulent preparations exposed and dealt with according to law. It should be remembered, however, that anyone who attempts to market another product under a name known to the public as designating a certain article, is liable to law under the statute of frauds.

The result of this investigation sustains the position taken in the resolution offered at the meeting of the American Medical Association, held at Richmond, May 3, 1881, in relation to the Code of Ethics.

The resolution is to the effect, "That it is against the spirit of the code of ethics for a physician to prescribe a remedy controlled in an unscientific manner by a patent, trade-mark or copyright. This shall except, however, a patent upon a process, or machinery for manufacture. It shall also except a trade-mark used to designate a brand of manufacture, provided the article so marked be accompanied by the working formula thereof, duly sworn to, and a technically correct scientific name, under which any one can compete in manufacturing the same article."

The resolution refers to the following clause in the Code:

Article 1, Section 4.—"Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument, or medicine, or dispense a secret nostrum, whether it be the compound or exclusive property of himself, or others. For if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality, and if mystery alone give it value and importance, such craft either implies disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give cer-

*Quotations from Simond's Manual of the Patent Law.

†See Browne on Trade Marks.

tificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."*

The manufacture of medicine being thrown open to competition, the next thing to be done in order to promote progress in the science of pharmacology, is the establishment of definite standards for all medicinal preparations. For preparations official in the United States Pharmacopœia, the standard is established, and this standard should be protected by making it a national law, and by providing a penalty to prevent anyone from claiming to manufacture according to the Pharmacopœial standard, unless, in fact, so doing. For preparations not official, the standard should be that of the preparation first introduced, and the reputation of the introducer should be protected, by making it an offence to place upon the market an inferior article.

But something further should be done to promote progress in this department of science. It is therefore suggested that a plan should be adopted to secure coöperation between the professions of medicine and pharmacy, with that end in view. By putting into application a plan for common benefit there is a hope of drawing the two professions together in harmony. They will then unite against all schemes aimed against such a plan, and if the plan is a scientific one, a strong combination will thus be effected in favor of science.

The plan to which I wish to call attention is a pharmacological investigation of the materia medica of the world, to be conducted under the auspices of the government of the United States. To secure drugs for such an investigation should be delegated as the province of the medical departments of the army, navy and United States marine hospital service. Secured in this way from various parts of the world, the drug and full information concerning it should now be sent to a government laboratory, provided with experts and apparatus for working it up under the heads of pharmacology. Both old and new drugs should be subjected to this investigation, that scientific knowledge may be completed concerning them. The term "new" in relation to a drug is restricted to the time of its introduction to scientific notice, for the use of almost every medicinal plant now recognized by the Pharmacopœia has been antedated by employment in the hands of ignorant natives, Indian medicine men, quacks, and old women.

A preparation of the drug should now be made, and the preparation and drug accompanied by a working bulletin containing all available information properly classified under the heads of pharmacology, should be sent out to the colleges, universities, hospitals, dispensaries, and all other institutions engaged in scientific work under any of these heads, and the work so conducted that it may be verified by comparison between the results obtained by many observers in different parts of the country.

It is desirable that the plant furnishing the drug should be investigated botanically, microscopically, physiologically, and chemically, and specimens of work under each head preserved for future reference. Drawings should be made, and all methods employed by scientists to put such work in proper form resorted to. A description of the part used in medicine should be furnished, and methods determined for detecting adulterations and substitutions.

When a drug is brought to notice information concerning which would seem to justify its use in treating the sick, it should be place in the hands of the medical profession to ascertain its therapeutic value. Comparative tests should be instituted between different drugs recommended for the cure of the same disease. Reports from hospital and private practice should be obtained for the purpose of finding the difference in the effects of medication under different surroundings and hygiene; and careful minutes of this work kept for publication. The government hospitals, especially those of the navy and marine, from the fact that they are so well systematized and controlled, form an excellent field for this work; and as the plan is favored by the surgeons general of each department, and already in use at my suggestion, it may be expected that the next annual reports of the medical departments of the Navy and United States Marine Hospital Service may contain in their valuable pages much of interest in this connection.

A periodical journal should be published by the government laboratory and devoted to reporting this work, and at the end of each year the reports should be collated, classified under each drug, and made into an annual report.

Finally the drug itself, and preparations of it secured by this work, together with the annual reports should be preserved in the national museum at Washington, for present and future reference.

The above plan for a pharmacological investigation of the materia medica of the world has been submitted to the Smithsonian Institute, a government institution located at Washington, for the diffusion of knowledge, and is under favorable consideration.

A similar plan to the above has been adopted, at my suggestion, by Messrs. Parke, Davis & Co., for the introduction of new drugs. I quote from their circular:

"When a remedy is brought to our notice seemingly of sufficient merit to justify further work upon it, the drug is investigated in the analytical department of our laboratory with a view of ascertaining its chemical constitution, and the best methods of preparing it for use. It is then manufactured into a pharmaceutical form, based upon a formula drawn from scientific deduction. The information which we have been able to obtain is now classified under the heads of pharmacology, and published in the form of a 'Working Bulletin.' This bulletin, together with the drug and our preparations of it is now sent out to the colleges, universities, hospitals, and dispensaries, engaged in scientific work in botany, chemistry, physiology, microscopy, etc., to be worked up. To obtain the results of clinical tests and reports, we send the preparation to the government hospitals of the army, navy, and United States Marine Hospital Service, to the hospitals and dispensaries of our large cities, and to the medical profession at large, requesting that careful trial be made in a sufficient number of cases to prove something of the worth of the drug in treating the sick; and we guarantee to publish the results, favorable or otherwise.

Reports of this work in full are published in the

*On the duties of physicians to each other, and to the public at large.

columns of the THERAPEUTIC GAZETTE, a monthly journal devoted to the science of pharmacology, and to the introduction of new therapeutic agents; and at the end of the year the reports are collated, classified under each drug, and made into an annual report. This report is sent to the librarian of the Smithsonian Institute at Washington and a specimen of the drug, and our preparation thereof, placed in the National Museum."

Some Cases of Urethritis Treated with Kava Kava.

By Boardman Reed, M. D., Atlantic City, N. J.

IN the treatment of acute gonorrhœa I have had some rather striking results from the fluid extract of kava kava. My first experience with the remedy was as follows: In September, 1880, a young gentleman came to me presenting the usual symptoms of a commencing gonorrhœa. The discharge had first shown itself the previous night and there was slight burning during micturition. He informed me that he had twice before had gonorrhœa. Once it had lasted three months and the other time about two months. He was very nervous about it and exceedingly anxious to have the disease cured in as short a time as possible. Having had a rather unsatisfactory experience with several different lines of treatment in other cases, notably with that of expectancy in the first stage and astringent injections later (the plan now virtually taught in most of the recent text-books,) but having seen some prompt cures under full doses of copaiba given early, I ordered this patient one of the least disagreeable mixtures of that drug. He returned the same day to assure me that he could not take the medicine. He had tried it several times before, and his stomach never would tolerate it.

I then determined upon a trial of the new remedy, kava kava, explaining to him that while much was claimed for it, I knew nothing of it by experience. A mixture was prescribed as follows:

℞ Ext. kava kava fl. ʒ v
Glycerinæ, q. s. ad. f ʒ ij.

M. S. Teaspoonful in a full tumbler of water after each meal.

The patient was directed to take in addition a heaping teaspoonful of Rochelle salt in a tumbler of water, every morning upon arising, and as almost the mildest possible local treatment, the liquor plumbi subacetatis dilutum was to be injected into the urethra every four hours. All stimulating drinks or foods, including condiments, were forbidden, and the patient directed to exercise as little as possible.

Under this treatment the discharge and burning gradually lessened and ceased altogether in three days.

I cannot, of course, state positively that this would have proved a true case of virulent gonorrhœa, though the early symptoms pointed that way. It is possible that it might have developed into nothing more serious than a non-specific, mild urethritis. Either way, the cure seemed remarkably prompt. The patient, a very intelligent gentleman, was greatly pleased with the kava kava, insisting that it not only did not disagree with his stomach, as most other gonorrhœal remedies had always done, but even acted as a tonic to that organ, increasing his appetite and improving his digestion, besides being quite palatable.

But I fear that the very fortunate action of this remedy in his case had a damaging effect upon the gentleman's morals, for it was not many months before he returned to me in the same predicament. Another attack had begun with the same symptoms, and, as before, he applied to me within a few hours—a day almost—after he first noticed them. He was placed again upon precisely the same treatment, and with the same result, except that it may have been four or five days before the last vestiges of the discharge this time disappeared. Perhaps this attack would have developed nothing more serious than a mild urethritis. I cannot say. This patient, at any rate, firmly believes that both attacks were beginning gonorrhœa, and that I have improved upon the old methods of treating that disease.

Another young man consulted me about a year ago for a urethral discharge which had been in progress nearly two days. There were considerable heat and burning during micturition, and the meatus was swollen and inflamed. He received the same treatment as the other and was entirely well within a week. He also had had gonorrhœa before at least twice, and had never before been rid of the disease under two months. There has been the same evidence in his case that lessening the evils of gonorrhœa is not conducive to better morals, for last fall this patient returned to me with another running. He was promptly relieved as before, but a little later the discharge returned as a result, I have no doubt, of drinking, to which he is at times addicted. I was away on a vacation at the time of his relapse, and do not know how he was treated for it, but it was several weeks before he was finally well again.

These have been the only cases in which I have yet had an opportunity of testing this treatment in the very beginning of the disease, or as an abortive. In several cases which had progressed to the second stage I have given the kava-kava in exactly the same way, but without any noticeable good results. In some cases where the use of it was kept up a week or two it excited slight cystitis, so that it cannot be considered a safe medicine to "push." Twenty minims of the fluid extract manufactured by Parke, Davis & Co. is probably a maximum dose, and it may be that a smaller dose would do as well or better in some cases. I hope that other physicians who have tried kava-kava, will report fully and in detail the results of their experience.

A Wrong to the Physician—A Great Wrong to the Patient.

By J. P. Goldman, M. D., Huntsville, Ala.

THE very able and exhaustive, initial paper in the December number of the GAZETTE, contains a great deal of good reading that should prove convincing and reformatory. Since the profession seems to be drifting from the ancient moorings of the "Code," there is a demand—if the Code is to be sustained—that some one shout "To

the rescue!" This, Dr. Swayze has bravely done in the paper aforesaid.

I shall attempt no review of this paper, but as an humble gleaner, pick up one or two points dropped by the doctor, and too hastily passed over. One point seems to need especial emphasis, namely, The common practice of apothecaries of renewing physicians' prescriptions without the permission of the prescibers. This is a "common practice" truly, and has become a crying evil that should be suppressed, for particularly two, of many considerations:

1. It is a wrong done the doctor. A patient is visited, case examined, a diagnosis reached, and a prescription written. The latter is carried to the druggist who compounds the medicine as directed, and from which the patient receives great relief. So far all is perfectly legitimate. A month, or a year, as the case may be, passes, and again the patient becomes unwell. His disease may not be identical with his last attack, but he makes up his mind that it will do to send to the drug-store and have the old prescription refilled. The apothecary looks at the number on the bottle or box, hunts up the prescription, which he is careful to keep on file, and refills it. The patient proceeds to take the compound, according to the directions given in his former sickness.

This wrongs the physician in two ways: it imperils his reputation, and robs him of a just financial compensation. His reputation as a skillful physician is endangered, because his name is being used where his skill and judgment have not been asked or given—a species of moral forgery—the patient usurping the place and skill of the doctor by diagnosing and treating his own case on the strength of the doctor's reputation, and using the physician's name to procure the medicine. Should the treatment fail, as it is likely to do under such circumstances, the prescription and its writer falls under unjust condemnation. Again, it is a species of left-handed robbery, for every time a prescription is refilled without the knowledge or consent of the physician who gave it, he is cheated out of a just compensation for his medical skill. The transaction degenerates into one of merchandise between the druggist and patient, wherein the druggist pockets a good profit, leaving the doctor out in the cold; while the patient chuckles in that he has saved a doctor's bill, or at least the price of a prescription. No druggist has any right to refill a prescription without the doctor's knowledge or consent.

2. It is a grave injustice to the patient to know that he can have a prescription refilled without consulting the doctor. He is always liable to mistake his disease and its proper treatment, and thereby blunder, to the ruin of his health, or the peril of his life. There are few physicians, especially in city practice, where the rule is always to treat through prescriptions, who at times have not been astonished or mortified to find that their patient, months after they have been dismissed, regularly sending the bottle back to the drugstore, and continuously taking the medicine greatly to the detriment of the patient's health. Sometimes the first intimation the physician has of the dishonest practice comes to him from the alarmed druggist himself. Here is a case in point: The writer had occasion to prescribe in a case of neuralgia and insomnia, mixture contained brom. potass. and chloral hydrate. The prescription having accomplished its desired object I thought no more about it, until more than a year after, when the druggist sent to me to inform me that the patient was, and had been, taking great quantities of medicine. I then learned from the sister that under the slightest pretext of pain of pain or restlessness the former patient would resort to the medicine, until she had formed a "chloral habit," and she feared it would injure her mind. It is needless to say what course I took in the premises. But why argue or illustrate this point further? Any one can see at a glance what a detriment may accrue to the people by this practice of refilling old prescriptions without the consent of the physician.

Single Remedies.

By T. B. Washburn, M. D., Rensselaer, Indiana.

IN the use of many, and especially new remedies, as reported by contributors to the THERAPEUTIC GAZETTE and other journals that come to me, I notice, as I think, a prevalent error. It is in combining a new remedy with another, or others, and then attributing all beneficial effect to the new remedy prescribed. The test is not a fair one, and ought not to influence any one in prescribing. A remedy should be given alone, without a vehicle of any kind, unless positively required for the purpose of easy and pleasant administration.

I will note a few instances of that kind, not with any desire to criticize any one in particular, but to enforce the idea:

Dr. Charles H. Miller's paper on "Vegetable Cathartics," in the September number of the GAZETTE, in his first formula combines oleum ricini and acaciæ; in his second, magnesia sulph. with rhei pulv.

Dr. C. M. Woodward, in an article on "Monarda Fistulosa and Berberis Aquifolium," prescribes the berberis with iodide of potassium in syphilitic rupia, and conveys the idea that berberis was the remedy that effected the cure.

In the October number Dr. Stites has an article on "Ergot in the Paralysis of Lead Poisoning," but in his "standard prescription" he orders iodide of potassium and nux vomica besides ergot. His patients recover and he attributes the cure to ergot! Supposing these gentlemen had failed to obtain good results, which one of the remedies in their chain-shot prescriptions would they have condemned?

As I have said, remedies should be given single if given for the purpose of testing their properties as medicines. Doubtless there are combinations that will antagonize or cure certain pathological conditions, but they are few indeed. The fewer remedies in a prescription the better able will the prescriber be to choose the remedy that cures.

If a remedy will cure a given pathological condition as manifest by a symptom or disease expression, then we have something tangible before us. We know when we are able to positively recognize that symptom that we have a remedy, other things being equal, that will meet that par-

ticular phase or indication of the case before us.

When we are able to read the symptoms aright and know the remedy that will counteract or cure each wrong of life or pathological condition then will medicine become an exact science and not before.

Reports on New Remedies.

From Private Practice.

Berberis Aquifolium in Syphilitic Skin Diseases.

By F. R. Boyd, M. D., Coloma, Mich.

FOR some time past I have been watching with considerable interest the action of berberis aquifolium in certain forms of skin disease. The short time which I have had in which to test its action, of course precludes the possibility of giving any extended, or even very satisfactory report. I have tried it in three cases of the above named disease; in each case it has been used alone, uncombined with any other remedy. One of these cases only I deem worthy of report, although it proved of unquestioned benefit in all of them.

Early in the spring I was consulted by a lady, who stated that she had been suffering for nearly 20 years from what she called scrofula, which she also said had been inherited from her father. As to this, of course, I could say nothing. My diagnosis was "secondary syphilitic psoriasis" of Holmes. She stated that she had been "always been doctoring for it," and had never been cured. I found she had been treated with mercury, also with potass. iodide, and, in fact, she had "been the rounds." Under the circumstances, I felt somewhat at a loss to know what to prescribe for her, but as she was somewhat anæmic, and of a lowered vitality, my first prescription was iodide of iron and emulsion of cod liver oil, these to be taken alternately. This she found great difficulty with at first, on account of a weak stomach, but by commencing with small doses, she soon began to retain and assimilate it. The consequence was that she soon began to improve, and the general strength and natural tone began slowly to return. About this time my attention was called to berberis aquifolium, by reading some reports of its use in skin troubles, published in the THERAPEUTIC GAZETTE. I procured a sample as soon as possible, and immediately withdrew the emulsion, replacing it with berberis aquifolium. After a few days the condition of the skin began to improve over what it had done before. Fearing this improvement might be due to the iodide of iron, I also withdrew that, and combined the berberis with syrup of nitrogenized iron. Notwithstanding the withdrawal of the first prescription entirely, my patient continued to improve in every way till such a time as I considered the iron unnecessary, her anæmic and weakened condition being almost fully restored; from this time until the present she has taken nothing but berberis aquifolium, and has continued steadily to improve, so that now the scarred and mottled, scaly looking condition of her face and hands, is as natural as if she had never had any disease, and as far as I can discern there is not a vestige of the disease left.

This case is but one of three where berberis has proved most beneficial, and although this was by far the worst case, and most liable to prove a failure, yet I do not know that the success in its treatment has been any more signal than in the others. If I had time I might report several cases of simple chronic skin troubles all of which have been cured by the use of berberis aquifolium.

Report of a Case of Intermittent Fever Treated by "Sierra Salvia."

By A. Comstock, M. D., Silver Cliff, Col.

MR. R., æt. 24 years, house-painter by occupation, came into this valley about four months since from Michigan. He has been subject to "chills and fever," he reports, for past three years, and as he was unable to successfully combat the malady there, came to this section for relief. When I was called he had been a resident of this place for two months, and, excepting at intervals, was able to work at his trade. For the past week, however, he had been subject to chills daily, with lumbar pains and the other train of symptoms found with the intermittent form. I learned that he had been using quin. sulph. most of the time since his arrival, and he seemed to think it did not have the effect recently that it once appeared to. I tried Fowler's solution and after quinine, iron and strychnia, as he had become quite anæmic. He seemed to get control over the daily exacerbation but it appeared in the tertain form. I advised him to try for one week hot infusions of the "salvia," morning and evening, for four or five days, excluding all other remedies. This was on Tuesday and the last chill he had was the following Sunday A. M. He continued the infusion in tonic potions and cold, for two weeks longer, but for the past ten days has used no remedy, has a good appetite and has been engaged at his work, either in the shop or on building during the latter interval. I think had he been more favorably situated as to quarters and personal attendance he might have controlled the chills earlier. He has not used quinine for one and a half months, and feels confident that the infusion closed the accounts. The above is the first case of undoubted chills and fever, I have had occasion to test this remedy upon.

On the Use of Cockle-Burr in Retention of Urine in Typhoid Fever.

By H. C. Barnard, M. D., Charleston, Ill.

IN 1864 I was treating a little boy, aged about 12 years, who had typho-malarial fever, and who had been confined to his bed for nearly three weeks. On calling one morning I found him suffering from retention of urine, the bladder being full and very tender to the touch. Not having a suitable catheter with me, I requested the father to go to town, four miles distant, and get one, and that I would return on my way home in the evening and

use it. I called again in about 8 hours, and found the instrument on hand; but when I came to examine my little patient, I was surprised to find the bladder empty and the soreness all gone, and on inquiry I learned that an old lady, the grandmother of the boy, who was present, had got 12 cockle-burrs, put them into a teacup, and filled the cup with hot water, and gave a teaspoonful of this infusion every half hour, and that he had taken only four doses until he passed water freely.

As I knew of no remedy that would act thus promptly, I made a note of it, and in all my cases of a similar character since, I have used the cockle-burr tea, and always with such success that I have never had to use an instrument for their relief. I do not know the proper name for the article, but it is the common cockle-burr growing on many farms in this country.

I use the fresh, ripe burrs, and 15 or 20 are used to a teacup of hot water, and of this a tablespoonful is used every half hour. It is nearly tasteless.

Having never seen any allusion to its use in these cases, I thought I would give my experience, believing it will be of as much value to others as it has been to me. Doubtless a fluid extract would answer as well, and be more convenient, but my experience is alone with an infusion.

[Cockle-burr is known in medicine as Xanthium Strumarium. The use of it which the doctor mentions is a new one. It has heretofore been employed almost entirely because of its hæmostatic properties, and is said also to possess antidotal properties when applied to the bite of venomous insects. If further experience in its use by Dr. Barnard and the profession shall justify the hopes here entertained of it, the discovery will prove a valuable one. A fluid extract of the drug is prepared.—Ed. Therap. Gaz.]

Stigmata Maidis in Retention of Urine.

By T. M. Wright, M. D., Bellefontaine, O.

THE well known suppression of the urinary secretion, as well as the inhibition wrought upon the contractility of the organic muscles, consequent upon the prolonged exhibition of opiates, are often serious difficulties in the treatment of grave diseases.

In a recent case of prolonged and dangerous dysentery, the employment of the opiates greatly diminished the secretion of urine, and also interfered with the expulsion from the bladder of what was actually present. In this predicament of my patient—a young lady—I found the stigmata of maize to answer an excellent purpose. The fluid extract (P., D. & Co.'s) was administered in drachm doses every 6 hours. After 12 or 15 hours the unpleasant complication entirely disappeared, although the urgency of the primary disease forbade any intermission of the opium treatment. The medicine promises to be of great value in all such cases.

Abstracts and Translations.

[All articles under this head are translated expressly for the Therapeutic Gazette. All articles marked with an * are translated by C. R. Cullen, M. D., Richmond, Va.]

[Translated by Mr. H. A. Wetzel, Detroit, Mich.]

The Artificial Preparation of Ozone and its Dangers.

Mr. B., a distinguished pharmacist of Paris, and an old interne of hospitals, had received an order to prepare Lender's powder, composed of:

℞ Peroxide of manganese.
Permanganate of potash. } Equal parts.
Pulverized oxalic acid.

M. Sig. For a room, two teaspoonfuls to be placed on a saucer and to be moistened from time to time with 2 or 3 spoonfuls of water.

After he had made the mixture very carefully by means of a spatulam, without using a mortar, he placed the powder in a bottle. Five minutes later, without the bottle, which was placed in the store, having been touched at all, an explosion took place and the container was broken into a thousand pieces.

The Germans having preconceived the use of artificial ozone in the treatment of croup, our colleague, Dr. L., presented to the Society of Practical Medicine an apparatus composed of a bottle of a half-liter capacity with three necks, into each of which a pierced india-rubber stopper is fitted. One of these stoppers serves to fix an insufflator with two balls, the other to hold a waste tube ending in a mouthpiece. The middle neck to hold a glass funnel, in the middle of which is placed a cone-shaped glass plug, ground in by means of emery, which closes the tube of the funnel and thus serves to regulate and even to stop at will the introduction of the liquid.

Mr. C., pharmacist, also a member of the society, was requested to join Dr. L. in the investigation of this apparatus. They placed in the bottle the necessary quantity of permanganate of potash, and into the funnel the necessary proportion of sulphuric acid. In gently loosening the plug which closed the tube of the funnel, they allowed, drop by drop, a quantity of the sulphuric acid to enter the bottle. The two operators were fully conscious of the danger, and to provide against a possible accident, they carried the apparatus from a room (or cabinet), where it first stood, to the laboratory, where larger experiments were undertaken, and the flow of sulphuric acid was regulated with all possible care. The apparatus worked for some minutes, and they then used the insufflator, which drove abundant violet vapors out of the bottle. This coloration diminished in intensity, and began to disappear during the longer play of the apparatus. The two operators left the apparatus to get some starch or iodine paper, the reagent for ozone. They had their backs turned to the apparatus, and were about 2½ yards from it, when a terrific explosion occurred. They were deafened for some minutes, their clothes were spattered with acid and burnt, the ceiling 5 to 6 yards high was also spattered, two panes of glass were broken as if perforated by balls, and the bottle and the whole apparatus had disappeared. Had the explosion occurred an instant sooner, Messrs. L. and C. would have received the whole charge in their faces, with

undoubtedly grave consequences. We shudder in thinking that such an explosion might have occurred at the bed side of the patient, where this apparatus had been used several times.

It is without doubt, to this previous use of the apparatus, that the cause of the explosion must be attributed, for it cannot be explained merely by the disengagement of heat due to the reaction. The rubber stoppers, without being in poor condition, were slightly attacked at the base, and perhaps small particles may have become detached. Perhaps, also, these particles of organic substance, which with the permanangate of potash, form an explosive mixture, may have been thrown down by the insufflation. Perhaps, also, the sulphur of the rubber or caoutchouc played an active part in the affair. After this experience, they have not been tempted to recommence the experiments to find out the cause of the explosion.

The experiment has conclusively proved most unsatisfactory from a practical point of view, and it is evident that if one wishes to try ozone in the treatment of croup, it would be wise to commence by preparing it in a different manner, for instance, by means of the electric spark.—M. M. Duchesne and Michel in *La France Medicale*, No. 50, Oct. 27, 1881.

Arenaria Rubra.*

A recent application of this plant, which grows also in the sandy regions of Mexico, has been successfully made by M. Jules Simon, pharmacist to Algeria. From this substance the pills of M. Simon have been prepared whose cures in gravel, vesical catarrh, dysuria, nephritic colic, rheumatism and gout, have been remarkable. The arenaria tested by alkaline salts contains silicates of alum and chlorides of sodium and potassium. These alkaline salts seem to have a solvent power in gravel, and produce its rapid expulsion, and prevent the formation of it also. These properties are confined to arenaria rubra, of Africa, and must not be confounded with other similar kinds of Portugal or of Sicily. They dissolve in uric acid with surprising facility. The number of successful cases have decided the author to recommend their use in urinary affections. The results of the use as above has also led to the employment of these pills in hereditary gout, and for which the Algeria expedition has conferred a large silver medal. We recommend to our readers these pills of Jules Simon, which constitute a treatment very simple and very efficient.—*Monde Therm.*

A New Remedy.*

Chance, the great purveyor of therapeutics, has given us a new remedy, which presents a singular analogy to protoxide of azote. It is a fortuitous mixture of a solution of phosphate of soda with tincture of the ergot of rye, which has given birth to a new exhilirating product, under the form of a tincture for a subacute arthritis of the knee joint. It is administered in a quart glass of sweetened water, a tablespoonful of the tincture of ergot of rye and a tablespoonful of a solution of phosphate of soda.

The astonishment was great when after an interval of three quarters of an hour it produced in the patient, an explosion of laughter, which could hardly be controlled. This laughter is a combination of spicy thoughts and a kind of inebriety, and even after the height of hilarity was over the patient remained for a long time in good humor.

Several experiments on different persons confirmed the first experiment. The formula is as follows:

℞ Tr. ergot of rye 5 grammes.
Sol. phosphate of soda to tenth degree 15 grammes.

Mix in a quart of sweetened water and take at meal time. It is to be given in all depressed conditions of the system.—*Monde Pharmaceutique.*

New Experiments to Discover Bacteria.

Here is the summary of Dr. Colins' experiments:

1. Seventy-four animals have eaten with impunity during the summer and autumn all the herbage which grew over seventy carbunculous bodies buried from the end of March to the end of July.

2. Fifteen animals have consumed with no less impunity the oats and herbage sprinkled with the earth taken from above these dead carbunculous bodies which were interred very superficially.

3. Seven animals have been confined seven, ten, twelve and fifteen days in a lot over these same bodies, and eaten their food mixed with dirt and filth, loaded with virulent materials. Four of the animals have taken for three weeks a kind of emulsion of this earth from around the dead bodies.—*Madrid Revista.*

[NOTE.—It is an open question on this particular, to what extent putrid food from any disease produces death. A few years ago several Paris surgeons made a wager that they would kill a glandered horse far gone with the disease, and would roast the meat and make a hearty dinner of it, which they did, and with no bad results whatever.

A neighbor of mine is fond of dogs, and every year has several of them dying from eating poultry which has died from chicken cholera. It is certain, however, that typhoid and other diseases have originated in drinking milk rendered impure by filthy water, and from imperfect drainage.

A Spanish doctor swallowed the vomit and sputa of a yellow fever patient, was taken sick immediately and died of yellow fever. He might have taken the disease without venturing on such a rash experiment.—TRANSLATOR.]

Malarial Fever Treated by Spider's Web.*

Dr. Oliver has established from ninety-three cases of malarial fever the following conclusions:

1. That the spider's web can always cure malarial fever of the daily intermittent or tertian types.

2. That the dose for adults is thirty grains, and for children in proportion.

3. That its action is not so prompt as quinine and should not be given in pernicious (congestive) fevers.

4. That being more agreeable to the taste than quinine, it is much preferable, especially to children.

5. That relapses are less frequent.—*Revista Medica de Madrid.*

Strangulation by Umbilical Cord.*

It is known that in the amniotic liquid there are found several threads and girdles which form a bond of union more or less solid between the embryo and the amnion. These anomalous adhesions described by Seivmart makes the escape of the fœtus more difficult and may be the cause of defects and of monstrosities. In the obstetrical clinic of the university of Kasan, controlled by Dr. Florinsk, there was observed by Dr. Loop a case in which the amnłotic girdle strangled the umbilical cord in such a manner as to cause the death of the fœtus in four months and a half, from conception, and causing its expulsion two weeks afterwards in a state of maceration, without difficulty and without hemorrhage. Considering this as a unique case, Dr. Loop has illustrated it with a drawing.—*Revista Medica de Madrid, Vratsch*, No. 28.

Sulpho-Phenic Acid in Yellow Fever.*

Dr. Declat writes from Paris that two young ladies were cured at Rio Janeiro of yellow fever, by subcutaneous injections of phenic acid and of ammonia and of sulpho-phenic acid. After thirty years' experience with yellow fever these were the first patients cured, which I am certain were cured from a severe attack of the disease. Dr. Lacaille has also cured twelve others by similar treatment. At a time when the yellow fever at Vera Cruz is so fatal and against which the old treatment is impotent, it is desirable to have this new treatment put in operation.—*Indepencia Medica.*

Putrefaction of Dead Bodies Prevented by Ptomaines.*

Drs. Boutny and Brouardel have studied the alkaloids which prevent putrefaction in dead bodies, and which are extremely poisonous. The alkaloids prevent putrefaction from poisons, as well as death from other causes. The greater part of these alkaloids are soluble, and evaporate in a short time; others are fixed. In a body immersed 18 months in a plant analogous to veratria, the experiment was made. In a legal point of view, this is an important fact. Verneuil relates that he found in suppurating and gangrenous wounds, a poisonous substance capable of combining with sulphuric acid, which he has given the name of sessina. The incredulity of the profession to the claims of the discoverers was unmerited.—*Le Praticien—Revista de Chili.*

Duration of the Life of a Child after the Death of the Mother.*

Gareski has made experiments on different animals on this subject, and has come to the following conclusion:

There is doubt that in the sudden death of the mother the child lives during the first six minutes, and can be resuscitated in ten minutes after the death of the mother, and even 25 minutes. The death of the mother by rapid asphyxia is more favorable to the resuscitation of the child than in death from other causes.—*La France Medicale—La Union Medicale.*

Bichromate of Potassium in Syphilis.*

In the Medical Union of Arrogon Dr. Arfal publishes an article showing the good effects of the remedy. The dose is one centigram, combined in small pills of tobacco, three times a day. The patients commence feeling better in a few days, and in 15 days all the symptoms have improved, particularly the iritis, which is so often produced by patient conveying the matter with their fingers to their eyes.

The medicine produces heat of stomach and secretion of saliva with diminution of heat and of pulse, and increase in the secretion of urine, which is generally of a deep red color. Dr. Arfal publishes these statements that further experiments may be made.—*Revista Medica of Madrid.*

Needles in the Human Body.*

We learn through Dr. Antonio Prejo that he was called to see a young man 24 years of age, who had always been healthy. During thirty hours 9 whole needles, nearly the length of the finger, came through the skin of the left breast, producing pain and soreness; during the next 30 days several more whole ones and fragments of others. The young man could give no account of his even handling the needles, and it is a matter of curiosity to know how they entered the body.—*El Genio Medico.*

Pharmaceutical Preparation of Nitro-Glycerine.*

Nitro-glycerine has been used in the treatment of angina pectoris. For this purpose the solubility of nitro-glycerine in fatty substances is utilized; six parts of sweet almond oil, or olive oil, dissolve one part of nitro-glycerine. A solution of 1-100 part nitro-glycerine in one part of oil, is preferable to an alcoholic solution of the same concentration. The solutions in fatty substances are stable, not volatile, uninflammable and explosive.

Melted cocoa-butter is also a good resolvent. Care should be taken to agitate the mixture until it is entirely cold. To make pills out of this latter product, powdered sugar may be added; also with the aid of slight heat, the mixture of cocoa-butter and nitro-glycerine can be introduced into the chocolate mass, which is used for chocolate pastilles.—*Le Monde Pharmaceutique.*

Correspondence.

Monopoly vs. Science.

An opinion as to the legality of the claims of Allen & Hanburys of London to the Proprietorship of the word Tonga.

EQUITABLE BUILDING, NEW YORK CITY.
Sept. 30th, 1881.

MR. EDITOR—Pursuant to your request I have examined the question of the liability of Parke, Davis & Co. in selling the extract called "Tonga," in connection with the bill of complaint of Cornelius Hanburys and another, against Parke, Davis & Co. in the U. S. Circuit Court for the Eastern District of Michigan, which arises, as I understand, upon the following facts:

"Tonga" is a and the name of a combination of barks made by the natives of the Fiji Islands for medicinal purposes, and has for many years been employed by them as a remedy in neuralgia.

Its successful use resulted in the introduction of the drug into England under the name by which it was formerly known, "Tonga."

"Tonga" is also the name of a group of South Sea Islands known as the Tonga Islands, and that given to a bean called the Tonka or Tonga bean. The same name is also applied to a South American drink made from Datura Sanguinia.

This name "Tonga" was in use, as before stated, for many years prior to its alleged adoption by the Messrs. Hanburys.

About 1879 these gentlemen obtained a trade mark in England for the word "Tonga," but never have obtained a patent upon the preparation.

Parke, Davis & Co. having obtained from the Fiji Islands a supply of the drug, have sold the same under their own name, without in any way imitating or following Messrs. Hanburys' labels or designs.

The bill of complaint before referred to says: "And your orators say that by large outlays of moneys in giving publicity through the newspapers, by means of show cards, circulars and otherwise, said trade mark, to wit, the word

"TONGA"

has come to be known throughout the United States as standing for a particular medicinal preparation manufactured by them, so that a great number of persons who have never seen your orators' labels, bottles, or cases, and do not know your orators to be the producers thereof, or who is the producer, know of said preparation, *and in buying are governed wholly by the name*, and who, when they receive a preparation bearing the word "Tonga," suppose it to be your orators' true and genuine preparation."

It is conceded then that the "Tonga" is the specific, proper and in fact, the sole name of the drug or combination of drugs upon which the complainants allege a trade-mark "Tonga."

Upon the complainants' own showing in this respect therefore I am of the opinion that there is no liability on the part of Parke, Davis & Co. because the trade-mark "Tonga" as claimed by them is invalid.

Their position is that they have an exclusive property in the word "Tonga" and an exclusive right to sell the drug that name.

It is true that in some cases a name may be rightfully used and protected as a trade-mark upon medicinal preparations, but I am of the opinion that *the name thus trade-marked can never be the proper name of the preparation*, and that the trade-mark must always be *accompanied by the specific name of the compound.*

It can only be used when thus accompanied to designate the origin or ownership of the preparation, and *never when it is used to designate the article itself and has become by adoption and use its proper appellation.*

The name thus given to it, no matter when or by whom imposed, becomes by use its proper appellation, and passes as such into our common language.

Hence all who have an equal right to manufacture and sell the article have an equal right to designate and sell it by its appropriate name, the name by which alone it is distinguished and known, provided each person is careful to sell the article as prepared and manufactured by himself and not by another.

When this caution is used, there is no deception of which a rival manufacturer, not even the manufacturer by whom the distinctive name was first invented or adopted, can justly complain; and so far from there being any imposition upon the public it is the use of the distinctive name that gives to the purchasers the very information which they are entitled to have. In short, an exclusive right to use on a label or other trade mark, the appropriate name of the manufactured article, exists only in those who have an exclusive property in the article itself, and the complainants can not have any exclusive property in the preparation or compound, as the same is not patented.

In the case of "Balm of Thousand Flowers," Judge Duer (N. Y.) says: "It is only the seductive name that they claim as their exclusive property and doubtless from their experience of its value in the extension of their sales."

This, however, is a species of property that in my opinion is unknown to the law, and that can only be given to one by an infringement of the rights of all.

Recognized authorities have gone even further, and hold that where certain medicines are designated by the name of the inventor, as a genuine term, descriptive of a kind and class, the inventor is not entitled to the exclusive right of compounding or vending them, UNLESS HE HAS OBTAINED A PATENT THEREFOR, and if another person prepares such medicine of an inferior quality, and sells them, and by this means all medicines of that class are brought into disrepute, such inventor can maintain no action for any loss sustained by him in consequence thereof; *unless* they are sold as, and for the medicines prepared by him.

It has been repeatedly held that a trade mark cannot be obtained on a name where it is the proper name for the article, as in the case of the "*Schnapps*," the subject of controversy in "Wolfe vs. Gonlard;" or where it has by general use become the appropriate name of an article, which all persons manufacturing the same may use, as in the case of "*Dr. Johnson's Yellow Ointment*," or that of the "*Essence of Anchovies.*"

Another is at full liberty to manufacture and vend the same article to any extent, and whenever he chooses.

He is only required to depend for his success upon his own character and fame, and not to pirate upon the trade-marks, the rights of others.

An early case is Singleton v. Bolton (3 Doug. 293.) The plaintiff's father, and after his death the plaintiff, had been for a long time in the practice of selling a particular medicine, made under the name of "Dr. Johnson's Yellow Ointment," the defendant had commenced selling the same Ointment under the same name and for the supposed invasion of his exclusive right the plantiff brought his action. Although these facts were proved upon the trial, the plaintiff was non suited, and the nonsuit was confirmed by the Court of Kings Bench.

Lord Mansfield in giving the opinion of the Court, said that it was not pretended that the plaintiff had any exclusive right in the medicine itself, and the defendant had therefore an equal right to prepare and sell under the same name that the plaintiff used, there being no evidence to show that he sold it as if prepared by the plaintiff; in other words, there being no false representation. In this case the words "Dr. Johnson" were the name of the inventor of the medicine, but by long use they had become a part of the proper name of the medicine itself, which name all persons has consequently an equal right to employ.

In Perry and Truffit (6 Bevan 66), the plaintiff was the original vendor of a medicine which he labeled as "Perry's Medicated Mexican Balm." The defendant afterwards prepared and sold the same and similar medicine, which he labeled as "Truffit's Medicated Mexican Balm."

The bill was in the usual form for an injunction and on account. An injunction was denied, but although the master of the rolls, when he refused it, retained the bill for the purpose of enabling the plaintiff to establish his right by an action at law, he was evidently of opinion that his legal right could never be established. His opinion evidently was that as the words "Medicated Mexican Balm" might be just as true a description of the medicine of the defendant as of that of the plaintiff, the former had an equal right to use them. This opinion seems to cover the whole ground. "Balm" was the general "Mexican Balm," the specific name of the medicine, and the word "Medicated" indicated its quality, and the mode of its preparation. No action at law was brought by the plaintiff, plainly from the conviction of his counsel that he could not succeed, and the bill was finally dismissed with costs.

I conclude, therefore, that there is no such thing as a property in the trade-mark "Tonga" as an abstract name.

It is only when a person has, under proper patents, the sole right to make and vend an article that there exists a right to trade-mark the proper name of the article, and then properly because the mark or name *denotes* that the article so marked is manufactured by a certain person and no one else can have the right to put the same name upon his goods, *because* he would thus represent them to be manufactured by the person whose mark it is. In a word, the trade-mark in the proper name of an article must be based upon a patent, and in no case does the trade-mark carry with it the rights incidental to a patent.

The policy that the mere use of a name to designate an article would give to those employing it the exclusive right to designate such article by such name, would be giving a copyright of a most odious kind without reference to the utility of the application or the length of the title and one that would be perpetual.

But, in the second place, I observe that the fact that the name "Tonga" had been previously applied to the article before its adoption by the complainants, would seem fatal to their claim, for, even when a person forms a word to designate an article which article must also be made by him, it is necessary that the name should never have been used before as commonly applicable to similar articles.

Words as used in any language cannot be appropriated by any one to his exclusive use, to designate an article sold by him, similar to that for which they were previously used.

In Burgess vs. Burgess (77 English law and Equity Reports, page 257) it was held that a person had a right to make and sell any article called "Essence of Anchovy," although plaintiff and his father had for a long term of years been making and selling such an article under that name originally invented by them; and that, too, when the sauce was sold in bottles of the same shape as the plaintiff used, with labels, wrappers, and catalogues bearing the general resemblance to those used by him.

Again, as it appears from the bill of complaint, the complainant's trade-mark consists of words and insignia, and in Knott agst. Morgan (2nd. Keen 219) it is stated that the plaintiff could not have any exclusive property in words merely used as a title, and held the only question to be whether the defendant imitated insignia as well as title.

Finally the name of the article "Tonga," and of the district from whence it is obtained being the same, I observe that the U. S. Supreme Court, in 1871, in the case of Coal Co., vs. Clark says: "No one can apply the name of a district of a country to a well known article of commerce and obtain thereby such an exclusive right to the appellation as to prevent others inhabiting the district or dealing in similar articles coming from the district, from truthfully using the same designation."

I conclude, therefore, that from the fact that "Tonga" is the specific name of the article, Messrs. Parke, Davis & Co. are at full liberty to manufacture that product or any other, under its proper name so long as it is manufactured by them over their own name and without any attempt to imitate the plaintiff's insignia. And that Messrs. Hanburys can no more control the sale of "Tonga" by attempting to use the word "Tonga" as a trade-mark, than they can prevent the sale of quinine by adopting that word as a trade-mark upon that article.

Neither the trade-mark law, nor the copy-right law nor the patent law, affords any such right, or under the pretense of the same, allows any one to throttle trade under the alleged sanction of law.

Yours Respectfully,

JAS. BROOKS DILL.

JAMES BROOKS DILL, ESQ:

DEAR SIR.—I have read your opinion on the subject of trade-marks, addressed to Dr. F. E. Stewart, dated Dec. 12, 1881, and coincide with the views of law as there expressed.

Yours respectfully,

FREDERICK H. BETTS.

See also article by James A. Whitney, Esq., attorney in patent cases, etc., in *Druggists' Circular*, 1882, page 12.

The Therapeutic Gazette

WM. BRODIE, M. D., Editor.
F. E. STEWART, Ph. G., M. D., Associate Editor.

DETROIT, MICH., FEB. 15, 1882.

GEO. S. DAVIS, Medical Publisher, Box 641.

SUBSCRIPTION PRICE, - - ONE DOLLAR.

PRICE OF BACK NUMBERS:

Single Copies, each ..... $ .10

(Vol. II, No. 1, is now out of print.)

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Movement as a Means of Cure.

A NATURAL outcome of the teachings of the expectant school of therapeutics, is the placing of rest in a high position among the means of cure. Granted that nature is able, unassisted by art, to restore the equilibrium between her parts which has been disturbed by the foreign element, disease, and it follows that all means designed to secure non-interference with the free play of nature's forces, are all essential. To deny that rest has no value in therapeusis would be practically equivalent to a denial of nature's power to heal and the skeptics on this question have long since succumbed to nature's power to destroy. Nature is powerful but not omnipotent in the domain of therapeutics, and rest is a valuable but not an invaluable means of assisting her. neither is it a means of universal applicability. The dangers of hobbyism and extremism (empiricism) in the matter of application of rest have too many living illustrations, particularly in surgical practice, while very many more of its results are embowelled in mother earth. There is danger in all extremes, and the doctrine of rest, heralded though it has been by so many prophets and bards, has been no exception to this rule. Its danger has lain in its irrational application,—the improper selection of cases, and its too prolonged continuance in cases in which it was at first indicated.

The antithesis of rest is movement, and as an offset to the pernicious results of rest the inculcation of the benefits of movement as a therapeutic agent would seem to be called for. The scientific lines between the necessity for the two are, it may be, difficult to trace, but the highest degree of success lies near those lines, and efforts to locate them should be unceasing. When has the inflamed joint or fractured limb been kept immobile just long enough, the inflamed peritoneum just long enough rested, the inflamed lung just long enough kept in an "opium splint"? These are questions on whose proper answer in individual cases successful therapeusis largely hinges. In all cases which originally demanded rest there comes a time when rest must give way to motion. When is that time? is the question for the medical attendant to answer. Under enforced rest of the inflamed joint the effused synovial fluid has become absorbed and the symptoms of inflammation have disappeared; here is then the critical point. Shall the joint be longer kept at rest, as is the common practice, lest the possible dying embers be fanned into new life, or shall passive movement be practiced? Each individual case presents circumstances which must modify the decision as to such procedure, and it is in trimming sail to meet these circumstances that the skill of the medical attendant is displaced. That anchylosis on the one hand from too prolonged rest, and a renewal of inflammation from an insufficient continuation of such rest are the Scilla and Charybdis, in the treatment of joint affections, is attested by abundance of experience. The too cautious physician, by attempting to steer clear of one, allows the bark to be caught in the other, and it is to be feared that anchylosis as a result of too much rest is a too frequent result of treatment.

The necessity for movement, in the treatment of a diseased joint, having been determined on, the method of its performance becomes the practical question. In an article in the British Medical Journal, over a year ago, Dr. John Spender ably discusses this branch of the subject. He refers to a discussion of the subject, some years ago, by the late Mr. Hutton. Summed up in a few words Mr. Hutton's principle was the rupture of adhesions by manipulative force, guided by skillful leverage. We learned from him that joints will bear much rougher usage than is sanctioned by professional usage.

In dealing with a joint which has not been materially damaged by inflammation, is not much enlarged, but is now weak mainly because the muscles are weak which ought to move it, a thorough and scientific shampooing (or massage) is our therapeutic watchword. The physiology of the joint has to be studied more than its anatomy. The joint is afraid of itself because it is not used; its volitional energies are "hidden under a bushel;" and the owner of it has, perhaps, been scared by the terror of what may happen if he presumed to walk even with the help of crutches. It is satisfactory to know that Dr. Sayre, who is the designer of such an ingenious plan for supporting and resting a diseased spine, distinctly says that, in the case of anchylosed limbs, there is "a time for motion as well as a time for rest."

First, then, we satisfy ourselves that the joint-ends of two bones are not mortared together, and do not require any forcible methods for their separation. A patient may be put partially under the influence of chloroform if necessary, and the capability of a joint to be bent or extended will then be fairly tested, and we shall discover what checks there are to healthy movement. The passive play of a joint tells us that its mechanism is sound; but the question is, What are its vital activities? What can the patient do with it, and how far can he use it?

The simple plan of treatment which Dr. Spender has for years adopted is as follows: Imagine the knee to be the affected joint, and the foot should

rest on a stool or block of wood just within a large shallow open bath, so that the knee is over nearly the centre of the bath. A jug, holding about a pint of fluid, is filled with tepid water, and is turned upside down about three feet above the knee, so that the water falls with a splash on the joint; and this is repeated from six to twelve times. An attendant, sitting in front of the patient, then plants a hand on each side of the knee; and, with the thumbs meeting in front, the hands should be moved firmly up and down for eight or ten minutes. The pressure used should be equal and well sustained, not causing any uneasiness, not in the least rough, but such an union of firmness and gentleness as a practical manipulator will easily understand. The thumbs, while agents of modern pressure themselves, may be made the fulcra for pressing and rubbing the back of the joint. At the end of the shampooing process, the whole joint ought to be dry and warm, and to be immediately wrapped in a covering of oiled-silk lined with wadding, which should be securely fastened and kept on for some hours.

By this easy plan, carried out regularly once or twice a day for several weeks, there is seldom any difficulty in restoring the torpid functions of non-anchlyosed joints. Now and then it may be desirable to suspend the friction for two or three days, if the skin show signs of irritation; and in warm weather the impervious pad is scarcely necessary, and might cause an eruption of pustular acne. Medicated lotions or liniments are rarely prescribed; but now and then Dr. Spender introduces under the oiled skin wrap a piece of folded flannel soaked in a mixture of tincture of iodine (half an ounce), and soft water (seven ounces.) The early douchings are best done with tepid water; but this should be exchanged for cold water as soon as possible, on account of the great glow and reaction which are afterwards obtained; and during the summer months, cold water may be used from the first. In all cases, the local treatment should be supplemented by regular passive movements carefully and coaxingly executed, and never exciting pain and fatigue. Sometimes it is only timidity which hinders a patient from (say) pronating and supinating a hand, or flexing and extending an elbow; a group of muscles have to be taught anew. As the lower limbs bear the weight of the body, their voluntary exercise must be deferred until the patient regains confidence and acquires strength.

The next stage of treatment consists in the application of uniform and gentle support. A weak joint requires support when it no longer requires rest. This seems to be the key of the new and important device of the American surgeons—prolonged pressure without prolonged rest. The principle is not at all new. And yet it ought to have been clear that to lay up a limb in idleness admits of the healing of an ulcer by a degree of vital action, which is unable to maintain the permanence of that healing when the limb is restored to use. Similarly, when we have to treat a weak joint, the principle ought to flash upon us with unerring instinct; here is a case, we should say, for applying firm pressure and allowing moderate exercise. For the ankle, there is nothing better than an India-rubber bandage, put on from the base of the toes to the upper part of the leg. The bandage is far better than a so-called elastic anklet, because it supports all the muscles which move the ankle; it should make a gentle uniform pressure, without any sensation of squeezing, each fold slightly overlapping the previous one all the way up the limb. The knee should be enclosed during the daytime in an elastic support, which should always be laced. The lacing allows the degree of support to be varied, according to the feelings of the patient and the amount of exercise he has to undergo. Equipped with this simple apparatus, the lower limb enjoys, as far as the upper part of the knee, a gentle and uniform pressure, which permits useful locomotion within restraining and salutary conditions.

The application of this principle to the upper limb is not difficult. A hand and wrist, when embraced by an elastic glove extending a little way up the arm, is competent to perform various feats of dexterous workmanship, which would otherwise soon cause aching and powerlessness. But what need is there for illustrating further such an obvious point of practice? If to be at work is the part which a healthy organ has to play, it is clear that too much rest cannot contribute to the perfection of that work, either in quantity or quality. That special condition which is called the "hysterical joint" is peculiarly amenable to the vigorous and helpful treatment of douching and pressure. For the douching, the use of the bath waters is much to be commended, as the dynamic stimulus of their heat maintains an after-glow, which is a sign of more vital energy. And hysteria, if it mean anything, means a lack of this energy—a crippled volition, a sluggish blood-stream, and a general under-tone of life. The combination of firm pressure and moderate exercise fulfils, in this case, exactly what we ought to aim at: support to the mechanical apparatus of locomotion, and arousing and sustaining of vital function.

Rest and movement are, therefore, complementary to each other, both in physiology and in therapeutics. The analogy is as close as possible. Alteration of work and rest is the law of the human organism in health, and health could not be preserved without it. Disease may call for a prolongation of the element of rest; but it is a note of clinical insight to discover when the disease ends, or when sufficient health returns to justify the usual alternate rest and work. Continued work without rest could not be; rest continued too long is not only conceivable, but it is one of the present dangers to therapeutic surgery.

In re Tonga,—Nostrum Mongering vs. Legitimate Pharmacy.

DIVESTED of its personal element, which was a very insignificant feature of the case, the recent suit brought by Messrs. Allen & Hanburys, of London, England, through their American agents, Messrs. Schieffelin & Co., of New York City, against Messrs. Parke, Davis & Co., of Detroit, was nothing more nor less than a desperate attempt on the part of the nostrum interests to break through the systematic cordon with which the determined efforts of the latter firm are encircling them. Through a long series of years the nostrum trade has been invading the

province of legitimate medicine, and gradually, year by year, the territory has been confiscated until the operations of the scientific physician have been largely restricted to the field of acute diseases more or less dangerous in their nature. The vast field of chronic ailments and of affections of a more trivial and less dangerous nature has been monopolized by the nostrum vendors, and as a result every druggist in the country, very much against his inclinations, we believe, in the majority of instances, (for druggists would much prefer a legitimate prescription trade) becomes an "acting physician," while every cross-road grocer is also made to usurp the prerogative which is alone that of the educated physician. *Pari passu* with this demand for nostrums, stimulated by extensive public advertising and appeals to the weak side of human nature, there have sprung up immense monied interests in which in this country alone a ten-fold larger capital is invested than is invested in legitimate pharmacy. The medical profession have during all these years in which this spoliation has been going on, sat listlessly by; so insidiously have their rights been invaded that the law of accommodation has prevented them from feeling the injury, and they have accounted in some other way, than by attributing it to this invasion, for the fact that the average professional income has dwindled down to less than $1,500 per year!

About three years ago, Messrs. Parke, Davis & Co. boldly threw themselves between the nostrum interests and those of legitimate medicine and pharmacy. At first their attack on the mammoth was either not noticed or treated with supercilious contempt. So securely had the copyright and patent medicine interests fixed their position through long years of prosperity, that this attempt by what was then a comparatively small western firm, to disturb that position, was regarded with derision. For a time, too, the profession regarded their attack with suspicion, and very disheartening indeed was the remark: "Oh, this is only an advertising dodge," which greeted them from quarters whence they had hoped for sympathy and aid. Persistent dropping, however, wears away the stone and the characteristic perseverance of the western house began to make such an impression that at the end of two years sympathy and aid from many sections of the country were not stinted, and at last the profession might be said to have been aroused from the lethargy on this subject, so vital to its interests, into which it had fallen. The contempt of the nostrum interests gave way to anxiety. The citadel which they, presuming on the indifference of the great medical profession, had thought impregnable, had been breached and the time for action had come. But the besiegers were securely clad with the mail of right and the inuendoes and the charges of "interested motive" and missiles of like nature which were hurled against them, fell impotent at their feet. The stronghold had been entered and it became necessary to resort to other tactics. Parke, Davis & Co. had made a large importation of "Tonga" and had placed it on the market at a price affording the usual legitimate margin of profit. But Messrs. Allen & Hanburys had previously entered the field, and, true to the instincts of the nostrum monger, supposing they had a monopoly of the compound, had fixed on it a price out of all proportion to its worth. "Tonga," moreover, they claimed to be a term exclusively theirs—that they had invented it and it was their "nostrum" (ours). Parke, Davis & Co. had, therefore, revealed a vulnerable spot in their armor, and the law was had recourse to to pierce it and to place this doughty foe of the nostrum trade *hors de combat!* Here was a chance to put a stop to the incessant attacks of this enemy of the nostrum interests, and the great house of W. H. Schieffelin & Co., a house ostensibly engaged in such trade as the legitimate profession can endorse, but at the same time catering to the copyright, trade-mark, and patent medicine trade, in this country, became the champions and were made the cat's paw of the house across the sea. It was hoped that, appalled by the mighty enginery of the law, and the prospective expense of litigation, Messrs. Parke, Davis & Co. would at once throw up the sponge; but the complainants had reckoned without their host. It is true, the prospect of entering single-handed into a contest with the vast monied interests of the nostrum trade, was far from encouraging, for who that knows anything of litigation that does not know its cost? But there was a principle involved, and Parke, Davis & Co. were not found wanting in the hour of trial. The challenge was promptly accepted, and the legal duel was forth with begun. The fight was not so much Allen & Hanburys *versus* Parke, Davis & Co., as Nostrum Mongering *versus* Legitimate Pharmacy, and both parties to the suit realized the fact. For four months the contest continued, when failing to feaze the defendant's position, the plaintiff made overtures for compromise. Compromise was, of course, out of the question as far as the defendants were concerned, and beaten and repulsed at every turn, the plaintiffs have at last ignominiously retired from the field, having withdrawn their suit and assumed the costs.

Thus endeth the most determined direct assault of the nostrum trade on legitimate medicine. We exceedingly regret the manner of the ending, for it has estopped the defendants from administering a defeat which would have stood out more conspicuously on the pages of the record of their warfare against these representatives of that system of copyrights, trademarks, and patents, which is sapping the very foundations of legitimate professional medicine and pharmacy. But although the victory is not as signal as we could have have wished, it is still a memorable one, and we trust its effect may be to cause a more general rallying on the part of the medical profession to the support of the plucky firm, which single-handed, entered this fight in support of professional interests.

Definite Prescribing.

A VERY suggestive difference between the practice of the advanced physician of to-day and that which was in vogue a century ago, is the simplicity of prescriptions as compared with the complexity which characterised the formulæ of our predecessors. The ideal of science is definiteness, and each year shows a nearer approach to it in the matter of therapeutics. Under the comparative

ignorance of anatomy, physiology, and chemistry up to within even half a century ago, the vast number of ingredients which entered into a prescription was quite natural. Then, as now, a "shot gun" prescription was indicative of defective diagnostic ability, and of ignorance of the characteristic action of particular drugs. In these latter days the advanced physician is revealed not in the fact that he ignores medicine but in that aims with greater precision at the disturbing factor, and at the seat of its manifestation,—he uses the rifle rather than the blunderbuss in his practice. Precision in prescribing requires accuracy of diagnosis, and accuracy of diagnosis is in turn essential to a proper determination of the effects of medication. A patient suffering from some disturbance not definitely determined, has fired at him a hodge-podge, selected very largely at random; he may die and possibly he recovers. Who can determine the cause in the result? Which of the combination of drugs is to be accredited with the recovery, or has nature effected the cure not only without the aid of, but positively in spite of the vile compound? The conscientious physician is not satisfied with the bald result; having the advancement of his profession in view and the benefits which his experience confers on his future practice, he looks deeper and is not satisfied with the simple fact of his patient's recovery. The man who assumes the practice of medicine as a profession takes on himself an obligation unmistakably implied if not positively written, to have constantly before him the advancement of that profession, in so far as such advancement is designed to directly relieve human suffering. He cannot contribute to this advancement by medley prescriptions.

The above suggestions have a special point given to them in the case of new remedies. In order to determine the physiological action of one of these who would for a moment entertain the proposition to give it in a combination? And yet in their efforts to determine its therapeutical properties, physicians very habitually give it as one of a number of active ingredients in a prescription! Doubtless much of the uncertainty which obtains in connection with the therapeutic application of agents of this class, is directly dependent on this inconsistency. The only method of securing such definite information regarding any remedy, new or old, as shall be of value as a guide to others, is to give it uncombined and in cases presenting clear indications and distinctly marked symptoms. By adhering closely to this rule much of the uncertainty which now surrounds many of the drugs more recently introduced would be removed, and the true value of the agents correspondingly established.

The above suggestions are more especially intended for readers furnishing us with reports on new remedies for these columns.

Systems in Medicines.

APROPOS of the question of the recognition of homœopaths, which has during the past year been agitating the minds of our British brethren, our contemporary, the *Lancet*, vigorously enunciates certain very wholesome general rules which should govern scientific practitioners in this matter. It regards all claim to "system" in the administration of drugs as quackery, and has no patience with those who withhold from soundly denouncing all such systems, "lest there should be some good in them." It holds such to be moved by a sentimental and mock heroic spirit which burlesques the candor of "truth-seeking," and mimics the impulses of chivalry. A perfectly just and truthful conception of the science of medicine, it submits, must bar the recognition of "systems" and "cures" of any class and description.

With the general spirit of this declaration we can take no exception, and it is refreshing to note all such flat-footed protests against mock sentiment in the direction indicated, but there is internal evidence that the writer of the article referred to is a representative of the class who hold that "no good can come out of Nazareth." Prejudice is fatal to scientific investigation, and the great danger is that he who stubbornly sets his face against a "system" will persistently close his eyes to the central truth on which the system is built. It is safe to assume that there is an element of truth in any system which succeeds. Unadulterated error, such is the teaching of history, falls flat from the mouth of its proclaimer. That the public is gullible, and to a degree well nigh incredible, is an incontestable fact, but that unalloyed error will take root and grow in its soil is contrary to the teachings of the past. The successful imposter has never failed to build his claims on a plausible foundation of fact, and in the various "systems" of medicine which now exist, and even in those whose wrecks are strewn on the shores of the river of time, there is always to be detected a truth which never dies,—which, though temporarily dispossessed of its lodgement, transmigrates into the body of some new "system," so-called. Such truths are indestructible, and it has often happened that the efforts to cry them down have resulted in the building up of the "systems" which have been organized around them as the central facts. "The blood of the martyrs was the seed of the church," though an old, is a very incorrect saying. It would be more correct to say that this blood nourished the seed which is the undying principle for which the martyrs died, and on which the church is built.

The great practical question before the scientific profession, as presented in the "systems," which, like unsightly excrescences, disfigure its fair form, is how to get rid of them. Our contemporary denounces all sentiment indulged in in this matter, but its whole article is saturated with sentiment, and is redolent of such terms as "self-respect," "professional integrity," etc. The question is one which must be viewed with the stern, cold mind, which characterizes the explorer in the fields of science, and all appeals to prejudice are out of place in its consideration. Its only solution, to our mind, consists in giving the principles on which the various dogmas on which the "systems" are based a proper place in the orthodox fold. To this end these dogmas must be investigated, regardless of the objectionable associations in which we now find them. If *similia similibus curantur*, for instance, has a scintilla of truth in it (and it

has), let us discover it, and dovetail it into the noble fabric which it is the aim of scientific medicine to rear. By thus giving it a place, we believe it is possible for us to entice it entirely from the associations which now detract from its fair name.

The Physiological Investigation of Drugs; Duboisia.

WE are not insensible to the fact that a very tenable objection to the new remedies which have, of late years more particularly, been placed on the market is the fact that in the majority of instances their therapeutic indications have not had a sufficient basis in demonstrated physiological action. This defect has, however, been largely inevitable. The history of the most valuable drugs now in the materia medica shows that the therapeutical, even empirical, employment of a remedy always paves the way for physiological research. This is the natural course of the development of a drug. In the multitude of the medicinal agents furnished by the storehouses of nature, it would be practically impossible to submit all to physiological experimentations, and it is only such as give sufficient promise in observed therapeutic action that are deemed worthy of the time and money necessary to such exact scientific investigation as shall furnish a reliable guide to their therapeutic application. The claim, therefore that no drug which has not been submitted to this test should be employed in medicine, even tentatively, is at once impracticable and unreasonable. The only practicable method is first to determine by empirical trial the agents of such properties as will justify the necessary expenditure for such data as will furnish a guide to their more exact application in disease.

Gradually there is being placed before the profession exact knowledge as above. We have now scientific reports on a number of the agents introduced during the past few years, on the evidence furnished by their empirical employment. Jamaica dogwood, quebracho, jaborandi, and others have been thus tested and it is a singular fact, which occurs too uniformly for a mere coincidence, that in all instances thus far these scientific investigations have strongly corroborated the testimony furnished by empirical trials.

The latest report of this nature which has reached us is that of the physiological action of duboisia on the circulation. Dr. Gibson in the Journal of Anatomy and Physiology comes to the following conclusions regarding this action:

1. That duboisia, in quantities not exceeding 0.005 grammes (1–14 grain), raises the arterial blood pressure without materially affecting the pulse rate.

2. In quantities not exceeding 0.05 grammes (5-6 grain) it diminishes the blood pressure and lessens the pulse rate.

3. In quantities of 0.05 gramme and upwards it causes death, with the heart in a state of a diastole.

4. Upon the heart itself duboisia has but little action, except in very large doses—*i. e.*, doses of more than 0.05 gramme,—and it then causes the arrest of the heart in diastole.

5. Duboisia stimulates the central inhibitory mechanism.

6. The alkaloid paralyzes the peripheral inhibitory apparatus.

7. Duboisia stimulates the central vasomotor apparatus, and causes contraction of the arterioles in small doses; in large doses it lowers the activity of the central vaso-motor mechanism and dilates the arterioles.

8. Duboisia has no influence over the sympathetic nerve.

Leprosy in the United States.

REPORTS of isolated cases of this fell disease which are occasionally appearing in the public prints, tend to create a suspicion that this country does not enjoy as great immunity in this regard as it was a few years ago supposed to, but that it is not impossible than in a decade hence the profession will have abundant opportunity for the clinical study of the loathsome affection. A hue and cry was raised against the Chinese on the Pacific coast a short time ago, and the introduction of leprosy was urged as one among the several reasons advanced why "the Chinese must go." It is, however, quite clear to the unprejudiced that the Mongolians are not responsible for the cases of leprosy which have been reported among the Caucasian natives, observation having thus far shown that the disease is non-contagious. Two cases have interested the profession of New York during the past year, and although there has been freedom of intercourse between them and other patients where they have been confined, the disease has not attacked any outside of the two originally taken with it. The following newspaper report of the death of one of these cases is interesting in this connection:

Charles Henkle, æt. 74, a German musician, died to-day in Charity hospital, from leprosy. Dr. William Hamilton, of Charity hospital, gave the following facts in regard to the case last night: Henkle had lived in New York since 1865, and during that time had not visited Cuba or the South, but had been in Cuba previously. He had lived in Texas and Mexico in former years, and when there had been a cattle dealer. In 1878 Henkle was admitted to the hospital. Four years previously he had noticed eruptions on his head, hands and feet, consisting of macular spots of various sizes and colors. These spots disappeared after a while, but in two and one-half years they reappeared, and his eyebrows fell off, the spots disappeared on his hands, head and neck, and were replaced by tubercles. Melanotic stains now appeared on other parts of the body. These spots were anæsthetic, as were also the tubercles. The patient's knees and feet swelled, and the skin became partially anæsthetic. In this condition he was admitted to the hospital. Chaulmoogra oil was administered to him with beneficial effect. The tubercles and spots became smaller, and subcellular infiltration was less marked. In December, 1880, the treatment was discontinued for three weeks, to see if the disease was disappearing, but on its reappearing the treatment was resumed with the same results as before. Afterward Henkle was given hoang-nan internally and chaulmoogra oil applied externally. The improvement in the case was very marked, but long years of suffering and old age had so told on the man that when lately he had an attack of pleurisy he was unable to rally, and died. There is at present in the hospital a young man 21 years of age named

Evans, born in Bermuda, suffering from the same disease. Dr. Hamilton says that he is confident that the disease is not contagious, for during the time that Henkle was in the hospital, he was handled by physicians daily without their catching the disease.

The Enchantment of Distance.

IT has not infrequently happened that an article which has appeared in a home medical journal has dropped still-born as far as home contemporaries are concerned, but has excited the admiration of the latter when it has appeared, as a purloined article, in some foreign journal. The saw, "distance lends enchantment to the view," is not wanting of "moral pointing" even in medical circles. An ocean voyage frequently works a wonderful transformation in literary productions as well as in men,—prophets receiving no honor in their own country until the fact that they are entitled to it is proclaimed from across the deep.

Our readers may recall our publication, in September number of the GAZETTE of last year, of a humorous article from a home daily paper, showing the absurdity of the fear with which some have affected to regard nitro-glycerine as it is put on the market in pharmaceutical preparations. The article, on its first appearance, failed to strike our home contemporaries as at all humorous, but it managed to be favored with a trip across the Atlantic, and was freely copied there. The result has been remarkable. It now comes back to us accredited to the London Lancet, and is being published in our American exchanges as one of the most excruciatingly funny things that has appeared for a long time. Ye foreign straw tickles home ribs and excites domestic risibles which remained dull and insensate to the efforts of the native funny man to titillate them.

[We would refer, in this connection, to our note preceding the consideration of sundry new drugs in our December issue, which we would have repeated in so far as concerns those here discussed.]

Yerba Reuma (Frankenia Grandifolia.)

YERBA REUMA is an herbaceous plant, indigenous to California and growing near the foothills of the coast range of mountains. It takes its vulgar name from the fact that it was found by the Spanish residents to be possessed of properties which made it valuable in chronic discharges from mucous membranes, the interpretation of the name being "flowing" or "flux" herb. The plant is small and shrubby with a prostrate, much-branched stem, about six inches in length.

The plant contains an astringent principle and an abundance of muriate of sodium, the latter being disposed on its exterior in a fine state rather than incorporated into its texture. An analysis of the plant by Prof. Carl Jungk, Ph. D., shows it to contain nearly six per cent. of tannin yielding the characteristic bluish-black precipitate with the salts of iron, while of the ingredients soluble in water the following, with their percentages, are given: Chloride of sodium, 28.049, chloride of magnesium, 1.350; sulphate of lime, 1.474; sulphate of soda, 2.547. This richness in salt, for a plant grown in sandy soil, is very remarkable, and is sufficient to arrest the attention of the thoughtful physician. In the gauntlet which yerba reuma in common with many of the other more recent introductions to the materia medica, has been obliged to run, this richness in the sodium salt was sought to be ridiculed by a certain wise man of Cincinnati (Howe by name) who explained the deposit on the leaves and branches of the 'bush'" by the assertion that it was "sea salt condensed upon the 'weed'" as it grows in the briny vapors of the California coast." The statement is but another illustration of the ridiculous attitudes into which men, particularly controversialists, will sometimes lead themselves in their efforts to conform incontrovertible facts to their hypotheses. The absurdity of this method of accounting for the salt on the plant was so admirably shown up by the late Dr. Bundy, the introducer of the drug to the attention of the profession, in a memorable dispute regarding it, that we are constrained to reproduce the exposé:

"We are then deliberately told that 'a dead tuft of grass exposed to the ocean vapors would gather crystals of chloride of sodium.' Now the learned (?) professor probably does not mean 'vapors,' as it is a well-known natural law that vapors do not carry solids. Let us charitably construe that he means spray, and contemplate the wonderful idea of ocean spray flying over the peaks of the coast range of mountains (which tower upwards from 3,000 to 8,000 feet above the sea) and over a horizontal space of one hundred and fifty miles, and then depositing its salty burden on a modest little plant some three inches in height, carefully avoiding the great live oaks, the manzanita, chaparral and other trees in the vicinity. Wonderful! We should be disposed to discredit this statement did not the learned (?) professor confidently asserts that he found sea salt.

The doctor further tells us that "he chewed the 'yerba reuma' and found it contained, beside its salty flavor, no sapid qualities, whether medicinal or not." Now we are more than ever convinced that the doctor is a little 'off,' for yerba reuma (frankenia grandifolia) develops very peculiar and pronounced astringency when chewed, and has given in my hands as well as those of other physicians, excellent and unmistakable medicinal effects. The fact probably is that the learned doctor has chewed a part of that same specimen of bryzopyrum spicatum which Lloyd so confidently sent to Dr. Gibbons for yerba reuma, and on which that fanatic worked off such a venomous attack on New California Remedies."

Therapy. Yerba reuma was introduced as a topical application in catarrhal affections of the mucous membrane. This use of it was derived from the Spanish residents of the Pacific coast, among whom the drug has long been favorably known in this connection. Subsequent analysis demonstrated the scientific grounds for this application, viz., the sodium salt and the astringent principle. It has, however, been frequently demonstrated that the combinations which nature effects in her laboratory, differ often in therapeutic properties from those which man produces, and in the case before

us, the artificial synthesis of the ingredients which analysis shows the drug to contain, falls far short in point of medicinal efficacy of nature's work in the same direction. The fluid extract, diluted to the strength of ℥ j to the pint of lukewarm water, applied in the form of a douche, the stream being thrown from behind forward is a valuable application in *nasal catarrh* of the chronic variety, in which the discharge is muco-purulent in character. This application, while thoroughly cleansing the parts, combines astringency with an alterative action, which results in lasting favorable effects. The strength of the application may be incased with increased toleration of the parts.

In *vaginal leucorrhœa*, an injection of the drug, diluted strength of ℥ ij of the fluid extract to the pint of water, has been found valuable.

In *gonorrhœa*, after the subsidence of the acute stage, free injections of the same strength as recommended in leucorrhœa, have been employed with very satisfactory results in a number of reported cases.

The value of yerba reuma internally is still *sub judice*, but the reports which have been received of its use in chronic catarrhal affections of the alimentary tract, coupled with its known chemical constitution, are sufficient to justify more extensive trials in this direction.

Berberis Aquifolium.

THIS shrub belongs to the natural order Berberidaceæ, which order comprises three genera, Aquifolium, Vancouveria, and Achlys. It is a shrub of considerable beauty, and is cultivated for ornamental purposes in California. B. aquifolium belongs, more especially, to the first of these genera, which contains besides it the other species, B. repens, B. pinnati, and B. nervosa; it differs from these, however, quite markedly in medicinal properties.

B. aquifolium is a shrub attainlng a height varying with the latitude, in which it is found, from 2 to 6 feet. Its leaflets occur in pairs of 7 to 11, the lower pair distant from the stern, ovate to oblong-lanceolate, 1½ to 4 inches long, acuminate, evergreen, shining above, sinuately dentate, numerous spinous teeth; racemes 1½ to 2 inches long, clustered chiefly in the subterminal axils; fruit globose.

The active principle of the drug resides in the alkaloid Mahonia, first detected and separated by Prof. Jungk, of the Michigan College of Medicine. It is a yellow amorphous substance of an alkaline reaction to test paper in alcoholic solution, of a very bitter taste, and gives all the reactions characteristic of a nitrogenous organic base. Although it has not been possible to obtain the base entirely colorless, its salts are white.

Therapy.—The therapeutical properties of berberis aquifolium, ascertained from a very extensive trial, and based on the reports of physicians in all parts of the Union, fix the drug as an alterative tonic of very decided activity.

It was first brought to the attention of the profession as a remedy in *syphilis*. Its bitter properties having suggested its employment as a tonic in a case of secondary syphilis, it was found after it had been administered for some time that the characteristic lesions of the disease began to improve and finally entirely disappeared. Whether this improvement in the symptoms of the syphilis was due to any direct alterative properties, or to the indirect influence of the tonic in placing the system in a condition better fitting it for eliminating the virus, in this particular case, was of course, for some time a matter of doubt. Repeated subsequent trials, however, seem to have determined the drug to be a distinct alterative, in the usual acceptation of the term. That it is of service in primary syphilis is very doubtful, nor indeed, have any of the cases in which its use has been reported been in this stage. Its characteristic effects have been observed in the secondary stage of the disease, and in those cases which have during the primary stage been subjected to a course of mercurials. In cases in which the primary stage has not been treated by mercury it is necessary, before securing the benefits of berberis aquifolium, to precede it by a course of such treatment. The drug, therefore, seems rather to be an efficient aid to mercury in syphilis than an anti-syphilitic *per se*, assisting the elimination of the mineral, and with it the materies morbi. It appearently thus occupies a similar position in the treatment of syphilis to that of the potassic iodide. But whatever its mode of action, the fact remains that it is a valuable adjuvant in the treatment of the secondary, and even, also, the tertiary lesions of syphilis.

Another affection in which this remedy has been found of undoubted efficacy is psoriasis, as it is also in other varieties of chronic skin disease unattended by inflammation or vascular excitement. A case is reported in which a young man presented himself with typical psoriasis diffusa, involving the entire integument with the exception of the face, and the palms of the hands and soles of the feet. He had been unsuccessfully, and for seven years, subjected to the treatment usually employed in such cases,—baths, ointments and internal medication,—he having consulted the leading dermatologists both of this country and Europe. He was placed on berberis aquifolium. Soon after he commenced to experience a warm tingling sensation in the skin, accompanied by exfoliation of scales. The production of more scales entirely ceased, and gradually the integument becomes smooth, that of the trunk first, to be followed by that of the head and afterwards by that of the arms.

An analysis of a large number of cases reported in the medical journals during the past three years shows the drug to find its leading indications as a remedy in skin diseases in the chronic squamous or scaly variety, unattended with any congestion or inflammation of the integument. In such cases berberis aquifoliun undoubtedly exercise beneficial influence.

The decided benefits experienced from the use of the drug in skin diseases very naturally lead to its administration in chronic, subacute, inflammation of the mucous membrane, and a number of cases are reported in which it proved of great benefit in leucorrhœa, both of the vaginal and uterine variety. It seems, however, to be followed by the most prompt results in endometritis of the

chronic subacute form characterized by a glairy, transparent discharge.

Several cases are reported in which berberis aquifolium has proven of benefit, in even curative of, cancer, and in one case diagnosis of scirrhus of the breast seems to have been corroborated by competent surgeons. But is probable that the growths which it is reported to have removed were rather glandular and non-malignant in their nature. The evidence, however, seems tolerably conclusive that it is an agent capable of good results in the latter variety of enlargements.

Administration.—Berberis aquifolium may be given in the form of either the solid or the fluid extract. The former may be given in pill in doses of 3 to 6 grs.; of the latter from 20 to 30 drops.

Sarracenia Flava.

THIS drug, although known for many years to be possessed of decided medicinal properties, has never come into that general use or received that recognition which its inherent virtues would seem to merit. It is an indigenous water plant, having its habitat in the southern states, its growth being exclusively confined to bogs, marshes, and wet meadows. It belongs to the natural order, sarraceniaceæ. The species embraces several varieties, but the S. purpurea (pitcher-plant) and S. flava (fly-catcher or trumpet-plant), are the only two which have been recognized in the materia medica.

Considerable confusion seems to exist regarding the medicinal properties of the two varieties here mentioned, and in published reports we find quite a discrepancy in the results. This is doubtless due to the fact that the proper distinction is not made between the two varieties, many supposing them to be practically identical. Dr. F. Peyre Porcher, in his "Resources of the Southern Fields and Forests." (a book, by the way, with which the profession of this country are too little acquainted), makes a clear distinction. Dr. Porcher was the first to call attention to the value of S. flava in dyspepsia, and we reproduce from his book the following statement regarding it:

"Its power of neutralizing or correcting acids was obvious. Its bitter property, which is abundant, is tonic and restorative; its resinous portion may supply proper cathartic stimulus, the inordinate action of which is corrected by the astringent; and this (the astringent principle) being neither that of the tannic or gallic acid found in other vegetable tonics, may be superior. Should dyspepsia be a gastric neuralgia or consist, as Parry thinks, in a condition of hyperæmia, or, according to Wilson Philip, a chronic gastritis, its relief may be accounted for by a narcotic principle contained in the plant. The cerebral disturbance, one of its physiological effects upon my own person, gives color to the latter suggestion."

The confusion which we have referred to as existing on the subject of the proper place of S. Flava in therapeutics finds an apt illustration in the article on S. Purpurea in the American Dispensatory, the impression being there given that all the varieties of the species have similar properties, but that they exist to the most marked degree in S. Purpurea. Such an impression is very erroneous.

The plant (S. Flava) has been brought to prominence more recently through communications to the medical press by Dr. A. J. Roe, of Taylorsville, Ill., who has found it to be an excellent agent in chronic diarrhœa and in chronic catarrhal discharge from mucous tracts. Dr. Roe's statements have been corroborated by a striking case reported by Dr. H. H. Baker, of Cleveland, Ohio.

We have taken considerable pains to ascertain from the literature of the subject, the conditions indicating the use of this drug, and conclude that its properties will justify its more extended use in atonic dyspepsia and in chronic diarrhœa in which the condition of the intestine is uncomplicated with ulceration.

Book Reviews and Notices.

Sensation and Pain. By Charles Fayette Taylor, M. D. A lecture delivered before the New York Academy of Sciences, March 21st, 1881; being one of the public course for 1880-81. Price, cloth, 50c; paper, 25c. New York: G. P. Putnam's Sons, 27 and 29 West 23d St., 1881. Detroit: Thorndike Nourse.

This is an interesting exemplification of the phenomena of sensation and pain being some practical deductions from certain *basic facts*. In so doing the author gives a brief outline of some of the main and primary facts of nerve-structure and nerve action. In doing this he does not enter any debatable ground as between physiologists and metaphysicians, but simply travels over a very common road. It is a very interesting lecture and worthy of an hour's time spent in its reading.

Transactions of the New York Medico-Chirurgical Society. Stated meeting May 10, 1881. New York City. Clarence E. Bebee, M. D., Recording Secretary. Published by the society.

We have before us the New York Medico-Chirurgical Society, containing as usual, a discussion of interesting topics. The attention of the society was occupied by the following subjects. 1st. Whether the so-called German measles presented any distinctive characteristics, which would differentiate it from true measles, whether it might not simulate, in certain particulars, the true form, or must be regarded as a distinctive disease. 2nd. A case of chronic bronchial catarrh "or in other words old fashioned consumption." 3d. A case of so called cold in the post-nasal fossæ, accompanied by considerable irritation of the lining membranes, with the accumulation of muco-purulent secretion in large quantities, exceedingly difficult to detach at times; present, also, a dry cough, apparently caused by titillation of the larynx. Treatment of these cases was given.

Photographs of a gentlemen who had been recently subjected to a preliminary operation for the relief of facial deformity, the result of a severe burn, were presented for inspection; mention was made of a case of ascites chylosus, referred to at a preceding meeting; a case was reported of a lady who was supposed to be suffering with a miscarriage, but which on examination revealed nothing of moment, but broke out the next day with a well defined attack of small-pox, followed

by the complete subsidence of all the previous symptoms; and a portion of the ileum taken from a patient recently dead from typhoid fever was exhibited, interesting from the fact that the disease developed none of the usual characteristic febrile manifestations during its course, but revealed upon post mortem examination, what is invariably discovered in an instance of typhoid.

A Study of the Tumors of the Bladder, with original drawings and contributions by Alex W. Stein, M. D., Surgeon to Charity Hospital, Genito-urinary and Venereal division; Professor of Visceral Anatomy and Physiology at the New York College of Dentistry, etc., etc.
New York: Wm. Wood & Co.

This is a very complete monograph on the subject, although the author has had only four cases under his personal observation, yet he has taken pains to investigate the literature of tumors of the bladder, and has collected in this work what is known, or has given references when they can be found. Following the bibliography, he gives the classification of tumors, their symptomatology, their diagnosis, their duration and progress amd treatment. The work is well illustrated by drawings from the best observers, of which there are ten, including instruments. It is really a valuable book, and should be in every medical library. Whether male or female, there is no pathological change in any organ that produces more suffering and anxiety than that of the bladder, and any improved information pertaining to that organ should be received with more than ordinary eclat. Dr. Stein has rendered a good service, not only to those suffering from this condition, but also to the medical profession.

We are pleased to announce to our readers that Wood's Library of Standard Medical Authors will be continued for 1882 at the same price and conditions of last year. The series promises to be superior even to that of 1881. Now is the time to subscribe. We know of no cheaper way to procure medical reading of such a character as that contained in Wood's Library series.

A Manual of Ophthalmic Practice.—By Henry Schell, M. D., Surgeon to Wills Eye Hospital, and Ophthalmic and Aural Surgeon to the Children's Hospital Philadelphia. Pages 263, Illustrations 53.
Philadelphia: D. G. Brinton.

What "want" this little volume is intended to meet, it is difficult to determine. It is fairly well written, and in the main gives correct views, so far as it goes, regarding the subjects which it treats; but in merit it cannot compare with several works previously published. The old adage, "A little knowledge is a dangerous thing," applies to ophthalmology as well as to other things. The amount of information received from a little book, like Dr. Schell's, cannot fit the student or practitioner to treat eyes intelligently. It is probably as good a book of the kind as we know of, but it is the kind to which we take exception.

The style indicates that the author is capable of better things, and we hope he will take occasion, in the near future, to give us a more comprehensive work on subjects which are certainly deserving his best efforts.

During the past few years there have appeared several works on ophthalmology, and while most of them have possessed some merit, yet there is room for a really good book on ophthalmic practice. What we need is not more, but better books.

C. J. L.

The Ophthalmoscope. Its theory and practical uses by C. H. Vilas, M. A. M. D., Professor of Diseases of the Eye and Ear in the Hahnemann Medican Medical College and Clinical Professor of the Eye and Ear Diseases in the Hahnemann Hospital, Chicago, Ill. President of the Western Academy of Homœopathy. Author of "A System of Eye and Ear notes for Students;" of "Ocular Therapeutics;" of "Spectacles, and How to Choose Them," etc.
Chicago: Duncan Bros., 1882.

The author informs us in his preface that the above little volume is published to occupy a place hitherto vacant in medical literature, and to supply a want which the author has felt as a teacher. He has expended much labor upon it to make it of practical value. We regret to observe that the literature of the specialists is taking the same course as that of general medicine and allied subjects. Condensing seems to be the order of the day, and especially for students who, of all others, should have their knowledge based upon the broadest foundation. In the book before us the author says "he is compelled to forego the higher mathematics involved," also to omit many of the diagrams which he considers unnecessary. So far as the book goes, a tolerable idea can be had of the subject. It is well written and presented by the publisher in a very neat style. Nevertheless, we must continue our protest against this general practice of condensation, especially when applied to subjects of a fundamental character.

The Atlantic Monthly for January and February, 1882, has been received.

This old standard journal has now reached its forty-ninth volume—291 numbers have been issued. But few magazines have furnished to their readers so much matter that has been not only entertaining but instructive for so long a time. With such contributors as Howell, Whittier, Lathrop, Trowbridge, Felton, Hale, Tuttle, Longfellow, Sarah Orne Jewett, Elizabeth Robbins, Edith W. Thomas, and a host of others from the bright cavalcade of literary writers, the Atlantic Monthly cannot but be a success. It is just the journal to be on the physician's table, to be taken up when wearied with professional labors and professional reading or writing. The yearly subscription is $4.00; single copies 35 cents. Houghton, Mifflin Company, publishers, Boston, Mass.

Treasury Department, Marine Hospital Service. Annual report of the Supervising Surgeon-General of the Marine Hospital service of the United States for the fiscal year 1881. Washington, D. C.

This report shows that during the past year 32,613 patients have had relief, of whom 12,449 were treated in hospitals, and 20,164 at the different dispensaries; 309,596 days' relief in hospitals were furnished; 194 trusses, 17 elastic stockings, 11 kneecaps, 7 pairs of crutches, and other appliances have been issued to outgoing patients; and transportation to their homes of 17 incurables; the increase over 1880 was 7,753.

The necessary repairs to the hospital in this city require $3,500, which we trust will be speedily granted. Our "esteemed parent," Uncle Sam, should keep his property in better order—it discredits its surroundings. Cannot Congressman Lord take the matter in hand? Has he too much on hand already?

1. Aids to Rational Therapeutics. By J. Milner Fothergill, M. D., M. R. C. P. Cloth, 50c; paper, 25c. New York: G. P. Putnam's Sons, 27 and 29 West 23d St., 1882. Detroit: Thorndike Nourse,

2. Aids to Diagnosis. Part III. What to ask? By the same author and publisher. Detroit: John Willyoung, 1881.

These are a continuation of "Students Aid Series," of which we have expressed heretofore a favorable opinion. The more so as they are written by standard writers and practical men. Of course they are calculated chiefly for students yet they contain much of value to older heads. The above numbers hold their own with preceding ones.

Library of Medical Classics. No. IV, published semi-monthly $8.00 per year. No. for Oct. 15th, 1881.

Indigestion and Biliousness. By J. Milner Fothergill, M. D., Member of the Royal College of Physicians, London; Senior Asst. Physician to the City of London Hospital for diseases of the Chest; Associate Fellow of the College of Physicians of Philadelphia. "What is one man's meat is another man's poison." New York: Bermingham & Co., Publishers, 1260 and 1262 Broadway.

Medical information is now being introduced (the price of this 89 page number with an index being only 35 cents) to the profession so cheaply that there cannot be any excuse for lack of information. On the subject by the same author we have before commented when issued in another form. However being in paper covers this edition can be carried in the pocket and is therefore convenient for reading in railroad cars, etc.

Transactions of the State Medical Society of Kansas, at its fifteenth annual session, held in Topeka, Ks., May 10, 1881, with the constitution, by-laws and code of ethics. Published by the society. Compliments of the Secretary, F. D. Morse, M. D., Lawrence, Ks.

These transactions show that the profession in Kansas is not behind the other brethren in the different states. They are evidently "up and doing."

Report of the Bureau of General Sanitary Science, Climatology, and Hygiene, to the American Institute of Homœopathy. Session of 1881. Reprint from Transactions. Pittsburg, 1881.

This is a valuable report, and is confined to the subject of Sanitarian Boards of Health. Builders, plumbers, and physicians of whatever school, would do well to read it. Dr. James will accept our thanks for copy received.

The American Journal of the Medical Sciences. Edited by I. Minis Hays, A. ., M. D., and published by Henry C. Lea's Son & Co., Philadelphia. Quarterly.

This valuable quarterly for January is on our table, and its table of contents presents its accustomed variety of original communications, reviews, and quarterly summary. Price, $5.00 per annum; with Medical News, weekly, $9 00 in advance.

The Rocky Mountain Medical Times, a Monthly Journal of Medical, Surgical, and Obstetrical Science. Edited by Thomas H Hawkins, M. D., and F. A. Disney, M. D. Vol. I., No 1. Denver, Col. Terms, $3.00 in advance.

This is a handsome journal of 116 pages, which we welcome to our table. There is always room on the top, and the R. M. M. T. has made a strong leap for it. Accept our best wishes and exchange.

The Minnesota Medical Times, a Monthly Journal of the progress made in Medicine, Surgery, and Pharmacy. Edited by N. M. Cook, M. D. Vol. I., No. 1. December, 1881. Cambridge City, Minn. $1.00 per annum. 10 pages.

A very good start for a new State. We trust the end of the year will find its pages doubled.

Abortive Treatment of Pneumonia. By W. T. Gadbury, M. D., of Yazoo City, Mississippi. Read before the State Medical Association of Miss.

A Guide to Shipmasters Visiting the Cape Fear and other Rivers. Presented by the North Carolina State Board of Health. For copy apply to Secretary State Board of Health, Wilmington, N C.

Non-Resident and Post Graduate Courses of Study of Illinois. Wesleyan University Bloomington, Ill.

Nosodes and High Potencies with Clinical cases illustrative of their action. By Samuel Swan, M. D.

Reform in Medical Education the Aim of the Academy, being the annual address delivered before the American Academy of Medicine at New York, Sept. 20th, 1881. By Edward T. Caswell, A. M., M. D., President of the Academy.

Chronic Knee Joint Disease. Reported by F. Gundrum, M. D., New York City. Reprint from the Therapeutic Gazette, March 15, 1880.

How to Use the Bromides. By George M. Beard, A. M., M. D., member of the American Neurological Association, and read before it June, 1880. Reprint from Journal of Nervous and Mental Diseases, Vol. VIII, No. 3, July, 1881.

Apnœa Infantum. By Hugo Erichsen, Detroit, Mich. Reprint from the Obstetrical Gazette, Sept. 1881.

Atlantic City as a Health Resort. By Boardman Reed, M. D., second Edition.

Bronchotomy and its After Treatment. By John W. Trader, M. D., Sedalia, Mo.; reprint from the St. Louis Medical and Surgical Journal, February, 1881.

Thoughts on the Physical and Psycychical Forces, Physiologically distinguished. "Nature is the Godess—Art and Science Her Mistress." Being a paper read before the State Medical Society of Kansas at the annual meeting, held at Topeka, May, 1881. By A. H. Lanphear, M. D., Atchison, Ks. Reprint from Transactions.

On the Poisonous Properties of Quinine. By William O. Baldwin, M. D., of Montgomery, Alabama, with remarks by J. Marion Sims, M. D.; reprint from the Medical Gazette, Oct. 20, 1881.

Therapeutic Progress.

THERAPEUTICS OF OL. SANT. FLAV.—It is desirable to know, if we are to aim at precision in therapeutics, how much and how little we must depend on the various remedies we employ, and at what stage of the various diseases they yield most benefit.

The Ol. Sant. Flav. has been employed largely now for the last twenty years in the treatment of gonorrhœa and urethral and vaginal discharge generally; but I am not aware of any published results. Various notices are to be found throughout the journals, but I cannot find any attempt to array statistics for or against its use. Dr. Cowan, late professor of Materia Medica in Glasgow University, stated to his class some years ago that he had found it fail in a series of cases in which he tried it. Probably the same result might accrue after the use of any remedy in any series of cases for which it might be indicated *e. g.*, ipecacuanha in dysentery: if a *prompt cure* were to be regarded as the criterion of success.

In prescribing we must bear in mind the proper rôle of a remedy, and what it is we design it to do. It we expect it to do more than experience teaches us is its proper function, of course, we will fail, except by chance. We give ergot to stop hæmorrhage, but we no not expect it to cure the pathological condition giving rise thereto, at least, not necessarily; ipecacuanha to promote expectoration, but not to cure the bronchitis, at least, not unaided. And so on.

With reference to ol. sant. flav., it is no use prescribing it for the purpose of curing a gonorrhœa, if by the term is meant the urethritis, or other pathological condition causing discharge. The latter, however, is the most troublesome symptom, that which the patient is the most anxious to get rid of at once; and for this purpose the ol. sant. flav. is distinctly the most specific drug I am acquainted with. It restrains the "running" at once, very frequently stopping it in the course of 48 hours; but it requires to be continued for quite a fortnight after entire cessation of discharge, to make sure the latter does not return. It produces these effects in the most acute and the most chronic cases alike.

As happens with most other remedies, however, there is a residuum of cases where it does not act so promptly, and in these cases there is no use continuing it, at least, for the time. If within 48 hours the "running" is not arrested, another drug should be tried, or therapeutic procedure adopted.

The difficulties in the way of arriving at a wide generalization as to the value of any method of treatment of the disease in question, arise from the patients not being under continuous observation; very often being only once seen and result not obtained. Then there is the post-hoc-propter-hoc fallacy.

Two cases under treatment within the last two years in my practice are selected as indicating better than most others the use and the uselessness of ol. sant. flav.

No. 1 came to me two and a half years ago with a gleet, which he said he had had for 18 months. He said he had been to various medical men, and had himself read up the subject and tried numerous remedies, but all to no effect. I thought it useless, therefore, to go over the routine remedies, and so passed a large bougie smeared with a liniment of vaseline and ol. sant. flav., and repeated this every third day, for some time. He had also a mixture of steel and cantharides. After a reasonable trial of this line of treatment, and no improvement, the silver nitrate bougies were tried, one being used night and morning, in conjunction with a mixture of henbane and potash; the bowels being also regulated. At the end of two months he was in *statu quo ante:* and I then said to him I felt quite sure he had not given oil of santal a fair trial previously, and at once put him on 20-drop doses three times daily, before food. On the third day of this treatment he returned, saying that the discharge had entirely ceased, and asking why I had not given him that remedy at first? Of course, I reminded him of what he had told me when he first came under treatment, and he was satisfied.

The same patient applied to me last November, 1880, having unfortunately got a fresh gonorrhœa. He was placed on a santal mixture, which restrained the discharge at once, and stopped it entirely within a week. He continued the mixture, however, for a fortnight thereafter, when, thinking himself well, having been perfectly dry for 10 days, he omitted it. Much to his disgust, the discharge returned during a journey to London, and the ol. sant. flav. failed entirely to check is as it had done previously. Recourse was now had to various combinations of copabia, cubebs, steel, and cantharides, but still the "running" was unchecked. Injections also had a fair trial, but seemed to make matters worse. About the beginning of April, at the patient's own request, a recurrence was made to ol. sant. flav. The discharge was at once arrested, a modification being noted after the first dose. The drug was, however, persevered with for two weeks, in order to make sure of the cure this time. At the end of this time it was stopped, but the discharge again appeared, only faintly. The remedy was, therefore, again used, and bougies smeared with it were passed every second day for another fortnight, at end of which time all medication ceased, and the patient continued well.

No. 2 came to me in September, 1880, suffering from retention. He had been under treatment of an unqualified person for some time, and had been using injections. The "running" was unchecked, and he had made no water, save in dribbles, for 36 hours. With some little difficulty he passed a No. 7 catheter, and drew off rather more than a pint of urine. The cause of retention was an inflamed and enlarged prostate. Next day he was laid up with a swollen testicle and cystitis, and, as these began to ameliorate, the other testicle became inflamed. During treatment for these complications, the "running" which was most profuse, was not heeded. As soon as the complications were subdued, however, he had 15 drops of ol. sant. flav. every six hours, with the effect of checking the discharge, and arresting it in 48 hours. On the fifth day I was informed that the discharge was gone. When the patient got about again, however, and reduced the dose of the oil, it reappeared again, disappearing when he took larger doses. After a time various other drugs were administered, various injections and bougies have been tried, but the "running" continues till this day. If he takes the oil in 15-drop doses thrice daily for three days, he can reduce the discharge almost to nil; but when he leaves off, it begins again as fresh as ever.

In by far the greater number of cases, nevertheless, the discharge does not reappea provided the remedy is continued without intermittence, and in full dose for a fortnight after the very last appearance. The average duration of cases treated by this method may, therefore, be broadly stated as three weeks. Twenty drops is a full dose, as this quantity invariably produces griping of the bowels and dull lumbar aching.

As to its *modus operandi*, I believe it to operate in two ways; one, upon the pelvic and genital nervous system (neuræsthetic?) and the other upon the suppurating surface—antiseptic, or perhaps more properly, contrapurulent. It also appears to be a special stimulant to unstriated muscular fibre, and in this way probably constringent. Indeed, the properties of the oil in arresting urethral discharge were originally discovered by the fact that a man to whom it had been administered for diarrhœa, got rid of a "running" at the same time, and repeatedly by the same means. Whatever the *modus operandi*, it has certainly has a drying effect upon all the mucous surfaces, when healthy or diseased. It arrests the discharge even from a strictured or tender spot in the urethra; though, as mentioned above, it will not, and cannot be expected to remove, the stricture of thickening.—R. Park, M. D. in *The Practitioner*, December, 1881.

Resume of Rules for the Use of Pessaries.—At the meeting of the American Medical Association, May 3, 1881, Dr. Paul F. Mundé, of New York, made a brief recapitulation of the rules governing the introduction and supervision of vaginal pessaries (including vagino-abdominal).

1. Always be sure of the diagnosis, of the nature, and degree of the displacement before resorting to a pessary.

2. Always replace the uterus before applying a pessary. This applies particularly to retro-displacements. It is well to replace the uterus repeatedly, every day or twice daily, for several days before introducing a pessary. The replaced organ may be supported by cotton tampon in the interval, if it is desired to distend and toughen the vaginal pouch; or the object of relaxing the abnormally stretched ligaments may have been obtained by the mere replaced replacement. In flexions, chiefly anteflexions, the frequent straightening of the uterus, or conversion into the opposite flexion by the

sound, will often prove beneficial before introducing a pessary.

3. Never insert a pessary when there is evidence, by the touch, of acute or recent inflammation of the uterus, or when pressure by the finger on the parametrium (where the pessary is to rest), gives decided pain.

4. When the uterus is not replaceable, that is, when adhesions bind the fundus down, use great care and discrimination in deciding whether an attempt should be made, and is justified by the symptoms, to elevate the fundus by manual or instrumental means, or whether the elevation should first be tried by the gradual elevation of a pessary (this applies only to retro- and latero-versions). If neither is to be recommended, do not introduce a pessary until local alterative and absorbent measures have affected a resolution of the adhesions.

5. Always choose an indestructible instrument, if possible. This does not apply to prolapsus uteri.

6. Always measure and estimate the vagina carefully before choosing a pessary, and be careful to adjust the pessary in every particular, (size, curve, width), to that particular case. No two vaginæ are exactly alike.

7. If the vaginal pouch is not sufficiently deep to accommodate a pessary (anterior pouch for ante-displacements, posterior pouch for posterior displacements), defer the attempt to fit a pessary until the pouch has been deepened by daily tamponing with cotton, or by the upward pressure of a Cutter, or Thomas' vagino-abdomiaal supporter. Or the pouch may be gradually deepened by using first a small (slightly curved in retro-displacement) instrument, and gradually increasing its size (or curve) until the desired size or shape for permanency is reached.

8. Never leave a pessary in the vagina which puts the vaginal walls to the stretch, and which does not permit the passage of a finger between it and the wall of the vagina. This does not apply to the prolapsus uteri.

9. A vaginal pessary which projects from the vulva is displaced.

10. A pessary which gives pain must at once be replaced by one that is painless.

11. A well fitting, properly chosen pessary should not only give no pain, but should be a direct source of comfort to the patient.

12. Always examine a patient on her feet after introducing a pessary, or when it is desired, at her return, to ascertain its efficiency in sustaining the uterus during walking and exertion.

13. Always tell the patient that she has a pessary in her vagina, or she may not return in spite of your directions, and the pessary may remain for years, to her ultimate great discomfort and danger.

14. Always tell the patient to return within a week after the first introduction, in order that the position and working of the pessary may be looked after, and that, if it does not suit, it can be removed, and a better one inserted. Tell her that several trials and various instruments may be required before one is found which she can wear permanently. Also let her return for inspection once every four to eight weeks, as the case may require. Tell her that if she fails to do so the pessary may cause ulceration, for which treatment will be needed.

15. Tell the patient that she will need to wear the pessary for months, perhaps years, before a recovery can be expected.

16. Never introduce a pessary which the patient cannot remove herself.

17. Tell the patient to remove the pessary herself if it gives pain, and show her how to do it. When she has removed it let her present herself at once for examination.

18. Tell the patient to use daily vaginal injections for cleansing purposes. If she notice profuse discharge, add astringents; if the discharge is sanguineous or purulent, let her come at once, as the pessary has probably caused abrasion.

19. Tell her on removing a pessary to test the result; that the permanence of the benefit obtained therefrom cannot be determined for several days or weeks.

20. Always direct your patients to relieve all superincumbent pressure on the pessary by a proper support of their skirts; and if the displacement be anterior, aid the internal supporter by an abdominal (supra-pubic) pad.

All pessaries may be introduced in the knee-chest position when it is desirable or possible to replace the uterus only in that position.

A Sims' speculum elevates the perineum, the air enters and expands the vagina, and the pessary (chiefly in retroversion and prolapsus), is introduced by touch and sight, and the patient laid over on her left side. For aggravated retroversion and for prolapsus of ovaries or uterus, this position offers many advantages over the left semiprone decubitus. Care must be taken to remember that the position of the patient is reversed, and that the pessary must be introduced accordingly.—*N. Y. Med. Gazette.*

Chinoline or Quinoleine.—Uunder this name a long known artificial alkaloid is now brought again into notice. This time it is offered as a substitute for quinia. To briefly state its history, it was first discovered in 1839, by Runge, who gave it the name of leucoline. Three years later, Gerhardt obtained a similar product by distilling quinia, strychnia, and other vegetable alkaloids with potash. which he named quinoleine; the base being shortly after proved by A. W. Hofmann to be identical with Runge's leucoline. Since then, the same alkaloid was found in coal-tar oil, and other products of destructive distillation, and, finally, a German chemist recently succeeded in forming it synthetically by heating aniline or nitrobenzole with glycerine and some water-absorbing medium.

Chinoline is a transparent, colorless, strongly refracting, mobile, oily liquid, which neither freezes nor thickens at 4° below zero Fahr. (—20°C.) It boils steadily at 460° F. and distils without alteration. It evaporates even at ordinary temperatures, so that the oil stain made by it on paper speedily disappears. Its specific gravity at 50° F. is 1.081. It has a penetrating odor resembling that of oil of bitter almonds, and a hot biting taste, something like peppermint. It is but sparingly soluble in cold water, but more so in hot. It is alkaline to litmus and turmeric paper, forms two definite hydrates with water, and easily crystallizable salts with the acids. It mixes in all proportions with carbon disulphide, alcohol, ether, and wood spirit, and dissolves sulphur, arsenious acid, camphor, and resin. The aqueous solution kills leeches, but when introduced into the stomach of a rabbit, produces only transient convulsive symptoms and prostration.

The tartrate of chinoline is the salt used by Dr. Loewy in recent experiments. He administered it in the same doses as sulphate of quinia, namely, eight to sixteen grains to adults. In intermittent fevers, 16 grains were given in two or three doses, three hours before the attack. For children from four to eight years of age, half the above dose is recommended, the salt being either administered pure between wafers, or in solution, as follows:

> Tartrate of quinoline 16 grs.
> Water.
> Simple syrup, of each 12½ drachms.

The following are the conclusions of Dr. Loewy: "From the collection of the details of my clinical researches into the therapeutical action of chinoline salts, I conclude that, from the successful results that I have gained, chinoline tartrate has proved itself to be a good antitypic which may be used

as a substitute for quinine. I will not maintain that according to the results which I produce, it can supercede quinine. If chinoline, in certain of the cases which I have cited, did not fulfil my expectations, in which, in fact, the attacks were not entirely cut off but recurred in the form of slighter paroxysms, and required a larger dose of chinoline, the same thing was observable when quinine was exhibited. It is in any case a valuable addition to our stock of remedies, a certain substitute for quinine, which can be used in cases in which that alkaloid has failed to do its work. The most noteworthy objection to chinoline, in addition to its peculiar smell and slightly biting taste, consists in the strong irritation of the stomach which it produces in sensitive subjects, often amounting to vomiting in spite of all the remedies applied. This must also render its administration difficult in cases of fever and infectious disorders, in which great irritability of the stomach, accompanied by a deficiency of free acid, is one of the symptoms.

"In malarial diseases, however, in spite of the objectionable qualities which belong to it, it will always be of the greatest use as a competitor of quinine, the king of antitypics. We must also take into account its greater cheapness, which is an important factor in our calculations as to the value of this otherwise desirable preparation."

The Chemists' Journal, from which this article is partly taken, adds that as an anti-ferment, chinoline, in the form of pure alkaloid, is one of the most powerful as yet known. Added to urine, in the proportion of 1-500 of its volume, it prevents putrefaction, and the breeding of bacteria, upon which it acts as a violent poison, the figures in the case of salicylate of sodium being 1-250; carbolic acid and quinine, 1-200; boracic acid and cupric sulphate, 1-133, and alcohol, 1-50.

It has already found a place in dentistry as an antiseptic. The pure alkaloid in ethereal or alcohol solution replaces carbolic acid in the antiseptic treatment of caries. In difficult dental operations, especially in those connected with the gums, the following solution has been used by several first-class dentists with great success:

CHINOLINE ANTISEPTIC MOUTH WASH.

Tartrate of chinoline, 20 grains.
Distilled water, 4 ounces.
Rectified spirit, 6 drachms.
Oil of peppermint, 1 drop.

The solution should be diluted with from five to eight times its bulk of water, and warmed before use.

In the proportion of a teaspoonful to half a tumbler of water, it forms, when colored with a little cochineal, a pleasant smelling and refreshing mouth wash.—*Druggists' Circular*, January, 1882.

ADVERTISING PROPRIETARY MEDICINES, ETC., IN FRANCE.—The very stringent French laws with regard to the sale of medicaments not authorized by the Codex does not seem to have done much to check the sale of some hundreds of proprietary medicines. The advertisement columns of a French pharmaceutical contemporary which now lies before us contain the names of nearly 150 proprietors of special preparations, many of them owning six or eight different sorts. Can it be that the whole of these are authorized by the French Medical Council, and if so is this august body aware of the claims which are put forward by the owners, claims which often rival in their absurdity those advanced by the quack medicine makers of our own country and America? One advertiser asserts that his fumigating paper contains all the known remedies for asthma—a pretty mixture surely. On the other hand a Brussels, contemporary lately received does not contain a single advertisement of a Belgian proprietary medicine, although there are plenty of French ones.

Amongst the advertisements in the French journal we find our old friends "Morison's (*sic*) Pills," their composition, therefore, must have been divulged. They sell at two francs a box, which is nearly double the Stores price.

We see that a number of doctors do not think it *infra dig.* to advertise their names, addresses, and hours in a pharmaceutical journal. We also notice that proprietary medicines are much dearer in France than in England, also. that they bear a much higher discount, in some cases as much as forty per. cent. We also notice that a Mitcham firm, rejoicing in the queer looking name of "John Jakson & Co.," advertises English oil of peppermint. One strange statement in this advertisement is that the sale of dentrifices is almost entirely in the hands of pharmacists in England, because they take such care in the selection of their oil of peppermint! What are known in England as "Sundries" are hardly advertised at all, proprietary preparations taking up the whole of the advertisement columns.

An example of how these so-called remedies are puffed was given at the Bow-street Police Court the other day, when Abraham Anidjah appeared to a summons charging him with selling without paying stamp duty, "J. Angrave & Co.'s Celebrated American Corn Destroyer—to cure corns in a few days without the least pain." The defendent claimed exemption, on account of the "cure" being "a composition of ordinary wax, colored." Yet a circular delivered with the boxes sets forth that in January, 1836, Dr. Jacobbi was wrecked while sailing on board the Heinrich, bound from Hamburg to New York, when he, with other passengers, lost all but their lives, so that the doctor was left without means to start the world afresh. Being possessed of a secret of the manner of destroying corns, he soon got known, and after actually applying his salve to the corns of the greatest doctors in and about New York, and getting their testimonials, he started to manufacture the "Celebrated American Corn Salve," and having upheld its reputation for forty-three years, it was sufficient guarantee to as to its genuineness. The late Dr. Jacobbi was on very friendly and intimate terms with the late Mr. G. Peabody, who gave £250,000 for buildings for the poor of London, and used to dispense charities for similar purposes. The circular goes on to say that the doctor died in 1879, leaving the recipe to his manager, Mr. J. Angrave, together with $5,000 and $120,000 to the charities of New York, thus showing the great success of the salve.—*Chemist's Journal.*

SOMETHING NEW—NITRIC ACID A NEW REMEDY FOR STINGS AND POISONS.—I must give you an adventure which I had with a hive of bees, and the results, which, by a grand mistake, in using nitric acid instead of sweet oil, were that I made the discovery that the acid was a veritable specific for the sting of bees. Being cleanly shaved and unprotected, I undertook to transfer a hive of bees which becoming enraged covered my face and hands by the thousand. After fighting my best for a short time, I with difficulty made my way into the house and called for sweet oil. Being in great pain, and even alarmed at the possible result, without time, and in no condition for reflection as to the best means to be used for relief, I held my hand in a cupped position and directed it to be filled with sweet oil, but in the haste and confusion they snatched up a bottle of nitric acid and poured my hand full, which I instantly applied, first to my forehead and then over my entire face and hands, when my grand-daughter exclaimed: "Oh! grand-pa, stop—stop, it is the wrong bottle. it is nitric acid!" Alarmed with a new danger, I bethought me of soda, to neutralize the acid, and called for it, but before it arrived I was most agreeably amazed and delighted to find the pain of

the stings suddenly relieved as if by magic, and to find that no cauterizing effect or injury had been sustained, but that the poison was gone, and even the swelling rapidly subsided.

A few weeks after the above singular discovery, Mr. D. came to me with hands inflamed and much swollen from the effects of poison oak. I at once thought of the bee remedy and applied nitric acid; at first cautiously on the back of one hand, and, seeing no pain or cauterizing effect, I applied it to the other, and to the entire part inflamed, with speedy and absolute relief to the poisonous symptoms.—A. L. Barry, M. D.

[The statements contained in the above note from Dr. B. are certainly remarkable, and if borne out by future experiments, must prove a singular and valuable discovery, and will illustrate how little is yet known of the therapeutic properties of even our most familiar drugs. We hope that this matter will be further tested by our correspondent, and by others of the profession, and that the facts will be sent us for publication.—ED.]—*Southern Med. Record*, Jan. 20, 1880.

DEAN SWIFT AND MODERN THERAPEUTICS.—The learned Dr. Gulliver, in his voyage to the Houyhnhnms, explains the modus operandi of cathartics and emetics, as employed by English physicians of his time, thus:

Their fundamental is that all diseases arise from repletion; whence they conclude that a great evacuation of the body is necessary, either through the natural passage or upward through the mouth. Their next business is, from herbs, minerals, gums, shells, oils, salts, juices, seaweed, excrements, barks of trees, serpents, toads, frogs, spiders, dead men's flesh and bones, birds, beasts and fishes, to form a composition for smell and taste the most abominable, nauseous, and detestable they can possibly contrive, which the stomach immediately rejects with loathing, and this they call a vomit; or else from the same storehouse, with some other poisonous additions, they command us to take in at the orifice above or below (just as the physician then happens to be disposed) a medicine equally annoying and disgustful to the bowels, which, relaxing the belly, drives down all before it; and this they call a purge or a clyster. For nature (as the physicians allege) having intended the superior orifice only for the intromission of solids and liquids, and the inferior posterior for ejection, these artists ingeniously considering that in all diseases nature is forced out of her seat, therefore to replace her [maintain that] the body must be treated in a manner directly contrary by interchanging the use of each orifice, forcing solids and liquids in at the anus and making evacuations at the mouth.

The modern physician, who laughs and smarts at the same time under the keen satire of the above, knowing, as he must, that though much overdrawn it has an element of truth in it, will read the following with a feeling of triumph:

THE ADMINISTRATION OF PURGATIVES BY HYPODERMIC INJECTION.—Much attention has been directed in Germany and Italy to finding some means of replacing tartar emetic, ipecacuanha, and saline and vegetable purgatives of all kinds by simple hypodermic injection of apomorphia and aloin (the alkaloid of socotrine aloes.) Just as with a subcutaneous injection of apomorphia effects of nausea and vomiting have been obtained, so with a warm aqueous solution of aloin (one twenty-fifth) injected in the thigh or forearm there have soon been produced true symptoms of purgation. In these cases the remedy does not act by direct contact with the gastro-intestinal mucous membrane. These, as the Paris Medicale says, are very singular facts, which call for serious study and verification.—*Med. Press and Circular.*

What would the misanthropic Dean of St. Patrick's say to this?

Thus does science overturn theories, improve methods, and blunt the shafts of ridicule.—*Louisville Medical News*, Sept. 3, 1881.

THE ACTION OF DIGESTIVE FERMENTS.—M. A. Petit conducted certain experiments upon the digestive properties of ferments, and the following summary contains a pretty fair synopsis of his work:

1. That the best test of the digestive properties of a given ferment are dependent upon the fact of a total transformation into peptones of a determined weight of fibrin.

2. This simple solution of fibrin is but a small and insignificant portion of the action of pepsin.

3. It is possible to prepare pepsins which have the power of converting a thousand times their weight of fibrin into peptones, and of dissolving in a few hours five hundred thousand times their weight of fibrin.

4. Pepsin is a nitrogenous body resembling the composition of albuminoid materials.

5. Certain bodies which have a strong action upon alcoholic fermentation and upon the fermentation of diastase, such, for instance, as sulphurous acid, have apparently no peptic fermentative properties.

6. There is no equivalent action between the different acids in point of view of their action upon albuminoid matters, some of them being almost inert, such as acetic, butyric, and valerianic acids.

7. Most salts have no specific action upon peptic fermentation; some, such as acetates, butyrates, valerianates, phosphates, etc., can, however, assist in the process of digestion by substituting in the formation of hydrochloric acid, and are more or less active according to the amount of this acid produced by the decomposition of their salts.

8. Emetics do not act in doses beyond those which are medicinal.

9. Alkaloids have no specific action.

10. The addition of certain salts in a small quantity (particularly that of sodium chloride) enfeebles the action of pepsin.

11. Sugar, even in large amount, does not hinder the action of pepsin; the use of this substance in form of syrup being perfectly rational.

12. The digestive properties of an aqueous solution of pepsin are not in the least hindered when a volume of twenty per centum is added to it. If the volume of alcohol is below five per centum, the pepsin will preserve all its activity, will transform the fibrin into peptones and will dissolve rapidly coagulated albumen at a temperature of 42° C.

13. Preparations in form of elixirs will preserve for a long time (nearly four years) their digestive properties.

14. Upon the principle that a solution of pepsin in dilute alcoholic liquors will retain its action when agreeably diluted it follows, in a therapeutic sense, that the proscription of the employment of a pure wine during repast is not rational, and the small quantity of alcohol introduced into the stomach in the form of wine or elixir can be absolutely neglected.

15. The alcoholic strength of table wines varies from eight to ten per centum, and sometimes even as low as two to five per centum, according to the quantity of water added. The favorable conditions of peptonic activity are therefore found in this case, and it is unnecessary to explain, as do some experimenters, this apparent innocency in the use of mild wines during repast to the very rapid absorption of alcohol (this absorption taking place in half an hour, and in the case of milk in one hour.)

16. The substances really incompatible, and which have almost a specific action upon pepsin, are bromine, iodine, chloral, salicylic acid, gallo-

tannic acid, and, in a slighter degree, benzoic acid, phenol, or phenic acid.—Robert Amory, M. D., (Harv.), in *Boston Med. and Surg. Journal.*

THERAPEUTIC USES OF TOBACCO.—In looking up the medical uses, etc., of tobacco, I find that very little mention is made in the various works on therapeutics, of its employment as a constituent of poultices. Believing it to be a means of great value in certain painful affections, I desire to bring its use to the attention of physicians. Tobacco poultices were at one time rather generally used, but for some reason or other their efficacy has of late been lost sight of. I hope that the slight resurrection which I may occasion may prove of service to the profession.

A case or two from my note book will serve to illustrate the good effects of tobacco poultices.

Mrs. M., last fall had intermittent fever, contracted through the ignorance of her physician in directing her, on the tenth day after confinement, to sit up the greater part of the day, and for nearly an hour to sit by an open window overlooking a large lot of decaying leaves, weeds, animal matter, etc.

I was called in on the following day. Among the symptoms which presented themselves, I found over the chest great tenderness and pain on the slightest pressure. I diagnosed this to be due to an irritated condition of the nerves or nerve-endings, and ordered flaxseed, mush, and other poultices, one after another, but without avail. The pain still continued. I then gave medicine, belladonna ointment, etc. I exhausted the list without giving relief.

I mentioned the case to my friend, Dr. J. V. Myers, of this city, who advised me to use a poultice of flaxseed and tobacco, equal parts, care to be exercised as to the toxical effects of the latter. I took advantage of the advice. The alleviation of the pain, which before the application was excruciating, was immediate and permanent. The relief was beyond my expectations. On the same patient this same poultice has, on one or two occasions since, done equally good and effective work.

Mrs. J. had an attack of perityphlitis. For the pain I ordered the usual medicines, together with mush and flaxseed poultices. These had no effect. I then applied the poultice of flaxseed and tobacco. There was an almost instantaneous cessation of the agonizing pain from which, for two days, the patient had suffered.

I cite the two above cases, because I know that there can be no mistake, but that the tobacco was instrumental in doing the good work.

In all instances when a simple poultice does not meet with the success desired, I add tobacco to it, in the proportion of one-half. The leaves are the best for the purpose, but the various kinds of clippings in the manufacture of cigars, etc., will answer. The tobacco should be cut up finely, and then well mixed with the flaxseed; the poultice is made in the usual manner. A fine piece of linen, or gauze, is to be placed between the poultice and the body. Care must be taken that the part to which the poultice is to be applied, is not denuded of skin, for the tobacco may, in such a case, give rise to symptoms of poisoning. I think, that with ordinary care, there can be no danger; in my hands this poultice has proven of great value.—G. Maxwell Christine, M. D., in *Med. and Surg. Reporter.*

PROPRIETARY MEDICINES.—The entire question of the so-called "patent medicines" is one which urgently calls for legislative revision and for popular instruction. The arrangements which permit poisons to be "patented" and freely sold, undesignated as such and by irresponsible agents, are a defect in the pharmacy laws alike monstrous in principle and disastrous in practice. Obviously absurd as the system is, its existence compels us to recur to it again and again, and to second the cry of pharmacists for reform. A poison which no person, duly qualified to dispense it, may sell as such, except in small quantities and to known or accredited persons, and then only by duly recording the facts and circumstances, may be sold indiscriminately, in any quantity, if it is contained in a "proprietary article," and by any person, though he be ignorant of the nature of a single drug, and the purchaser may be unaware that he is buying or taking or giving to his children a dangerous agent. Day after day the inquest column of the press records the fatal results of the indiscriminate sale and unscrupulous disguise of poisons, and it may be doubted whether the exemption of propriety medicines from the "Sale of Poisons Act" has not led to more deaths than the provisions of that act have prevented. Literally, and without exaggeration, it may be said that by the present arrangements the revenue derived from the sale of stamps for patent medicines is the "price of blood." There is, indeed, much to be said against the whole system of such proprietary articles. As long as their composition is concealed, against their use the medical profession has always, and rightly, set its face. The readiness with which some pharmacists strive to pander to the public demand for therapeutical influences which are mysterious only because they are concealed, is alone fatal to the general recognition, by practitioners of medicine at least, of the claims of pharmacy to be regarded as a profession rather than a trade.

There is another public danger involved in the use of proprietary medicines. All deeds of darkness suggest a suspicion of deceit; and provision for concealment is a protection to fraud. It is beyond question that too often "things are not what they seem" beneath the proprietary medicine wrapper. The temptation to make large profits is freely put before the irresponsible vendors of patent medicines by unscrupulous makers, who try to undersell each other, and offer such articles at prices which suggest strong ground for suspicion—a suspicion which is often proved by analysis to be well founded.—*The Lancet.*

ON THE TREATMENT OF GONORRHŒA.—Leaving out all the different theories of etiology, pathology, etc., of gonorrhœa, I propose to give you my treatment of the disease for the last five years, and the success I have had by following it.

Early after I graduated, I was disappointed in the treatment of this disease, both by astringent injections and the internal administration of remedies; and, as I had a large number of cases coming to me, I made an effort to secure a treatment giving more satisfactory results. In my series of experiments, I purchased a "Bartholow's Catheter," an instrument with an olive bulb on the point, and holes in the shoulder of the bulb—the point not being pierced. The tube being the size of a No. 6 catheter, the bulb being much larger, preventing an onward flow of the injected fluid, and causing it to flow backward and outward. I attached this to a good "pump syringe," by rubber tubing, and the next case I treated gratuitously, for the privilege of using my new machine. After throwing in about a gallon of cold water, I took a small penis syringe, and gave an injection of sulphate of zinc, as thorough as possible, and told my patient to call again next day. I saw no more of him for a month, and then "blew him up" for not coming around and taking more of the treatment. He replied, that as it cured him, he thought there was no use and never thought any more about it. Holding the theory of the limitation of the disease, as given by Bumstead, and other authorities, I had no faith in the result of this case, and determined to give it a further

test. I reached the following result, astonishing as it may appear, nevertheless it is true: Out of 25 cases, 22 were entirely well 24 hours after the treatment. No discharge, and no treatment of any kind was given, other than washing out the urethra, and the sulphate zinc injection first and once only given. One was well in three days, one in seven days, and the other, a drinking man, who kept up his whoring all the time, was cured in two weeks. After this, in fifteen cases, the result was not so satisfactory, but much more than the old treatment. My friend, Dr. Pope, of the U. S. A., suggested to me a treatment he had long practiced for the relief of his patients, viz.: soluble bougies, made of medicated gelatine.

Failing to get them properly made, I substituted cocoa butter and spermaceti, adding morphia and hydrastin, casting them in molds of writing-paper, wound around a small pen-holder, and crimped, or closed, at one end. After I had them made, I would introduce one after each washing out of the urethra, with the apparatus, and I now get 75 per cent. of cures in 24 hours, and the other 25 per cent. in times varying from two days to two weeks.

I see a patent has been obtained for these bougies, and are advertised in the Medical and Surgical Reporter, and will say, as to priority, that Dr. Pope suggested them to me in the summer of 1877.

P. S. Since writing the above, I have attached my apparatus to an elevated bucket, and make gravitation do the work of the syringe. In cities, the tube could be attached to the water-faucet, and the flow could be as long as desired, without wearying the doctor or the patient. I will also state, that, in threatened abscess of Cowper's gland, I have used it with great success, using water as hot as could be borne, instead of cold water. The same treatment relieves the distress in urinating, connected with enlarged and irritable prostate gland.—A. W. Morris, M. D., in *Medical Herald*, September, 1881.

The Antiseptic Treatment of Diphtheria.—Dr. Weise (Berlin. Klin. Wochenschrift, 1881, No. 4) advocates the adoption of the following measures in the treatment of diphtheria. He prescribes a solution of salicylic acid, consisting of one part of salicylic acid and twenty-five parts each of rectified spirit and glycerine. This, although a strong solution, is quite free from danger. The spirit, he explains, is used because, in former cases, benefit was derived from the local application of brandy to the throat; and the glycerine is added to obtain a less irritating solution. If the patient can gargle, the author employs a 1 in 300 salicylic acid gargle. Should the attack be very severe, he prefers a solution of benzoate of soda, 1 in 40, or even stronger. Coincidently with this treatment, he gives Hungarian wines. He pays particular attention to maintaining the patient's strength, and orders nourishment to be taken constantly, in the form in which it can be most readily assimilated. He speaks highly of Rosenthal's extract of meat mixed with yolk of egg, but gives solid food if it can be borne. His directions are somewhat as follows: At one o'clock, paint or gargle the throat with the salicylic acid solution; at half-past one, give a teaspoonful of Hungarian wine; at two, the benzoate of soda; at half-past three, a teaspoonful of Hungarian wine; and, during the next half-hour, more gargling with salicylic acid; the treatment being continued night and day without intermission, except that at night the intervals may be an hour instead of half an hour. If possible, he employs a special apparatus of his own—a combination of tongue-depressor and spray. This, by reaching the back of the tongue, admits of a thorough examination with the simultaneous application of the antiseptic. In a few seconds, the whole throat can be washed out with the salicylic acid solution; and this is very necessary in preventing the spread of the disease. Moreover, by this method, bleeding may be speedily arrested. Sometimes he employs a 5 per cent. solution of carbolic acid as a spray.—*British Med. Journal.*

Milk Diet in Bright's Disease.—Since we know not at present any drug that possesses therapeutic value to any marked extent in this terrible and fatal disease, and since it is daily making sad havoc among human beings, and principally among that class who, by reason of their valuable public labors, are particularly necessary to the welfare of the world; therefore, it becomes a medical question of paramount interest, that we should discover some potent method of combating this very prevalent disease. Some years since, Carel first called attention to the treatment of Bright's disease by the use of a milk diet, and since then Duncan, as well as many other prominent physicians, have written on this subject. We have ourselves seen some remarkable results follow this treatment, while Dr. S. Weir Mitchell, of our city, is now quite an enthusiast on this subject. This method of treating a formidable disease has received sufficient distinguished endorsement to recommend it seriously to our notice. We would, therefore, ask all physicians who read this article to try this method of treatment, and to furnish us with their experience, which we will publish. The milk is used thoroughly skimmed, and entirely freed from butter. To procure the best results, it has been advised that the patient shall restrict himself absolutely to milk, and continue the treatment for a long time. If it disagrees with the stomach (as it will in some cases), Dr. Mitchell advises that the patient be put to bed, and the treatment commenced with tablespoonful doses, to which lime water is added, until the stomach tolerates the milk, when from 8 to 10 pints daily should be taken, and absolutely nothing else. The sanction of such a distinguished physician as Dr. Mitchell forces us to seriously consider the merits of this treatment, and we trust to receive the experience of all readers of this journal who may have cases of Bright's disease to treat.—*Med. and Surg. Reporter*, January 28, 1882.

The Cold Treatment of Dysentery.—The treatment of dysentery by enemata of ice water is not new in this country, but the recent trial of it by Dr. Michaelov, of St. Petersburg, as quoted in the London Medical Record, is not without interest. He says it has not failed him in a single case for four years. It proved especially successful in the cases of his own children. A short description of two cases follows. Quinine, in the form of Botkin's cholera drops was administered internally in all cases. (Compound tincture of quinine, Hoffman's anodyne spirit, of each half an ounce; hydrochlorate of quinine, one scruple; dilute hydrochloric acid, half a drachm; tincture of opium, half a drachm; peppermint oil fifteen drops.) The diet consisted of bouillon, milk, and eggs; the drink was cold water and red wine. The enemata were made in the following manner: Ice was crushed to paste; from this mass of ice two glasses were taken for grown up men for every enema; for children, according to age, beginning with half a glassful, and so on. Water was then added while the ice floated. It was then poured into a glass funnel connected with a long tube. This funnel, fixed on a stand, remained near the sick bed; in other words, the apparatus remained in action until the mass of ice melted and flowed slowly into the rectum, which process lasted about one or one and a half hours. The enemata were employed every two hours, then every three and four hours; finally; twice or three times daily. The author succeeded in all cases in curing the disease in eight or ten days.—*Med. and Surg. Reporter*, May 7, 1881.

INFLUENCE OF COFFEE AND SUGAR ON DIGESTION.—MM. Leven and Sémerie have attempted to harmonize the various opinions held by different writers as to the action which coffee exerts on the digestive functions. Trousseau and Pidoux recognize the utility of coffee taken with meals, whilst medical men in this country look upon it as a most fertile source of dyspepsia, especially if taken to excess. MM. Leven and Sémerie fed a dog on 200 grams of meat and an infusion of 30 grams of coffee in 150 grams of water, and killed the animal five hours and a half after the meal. The outer as well as the inner surface of the stomach was found on examination to be remarkably pale, and the organ contained 145 grams of undigested food, or 10 grams more than it would have contained if the meat alone had been taken. From this experiment the authors concludes that coffee retards gastric digestion. The stimulating effect of coffee upon the nervous system should, however, be taken into account in considering this question, and especially that form which results in a feeling of heaviness in the head, complained of by many people after meals. Whilst the sugar taken with coffee is a disturbing element in the problem. M. Leven has cured cases of dyspepsia by giving 120 grams of sugar daily, experiments upon dogs having shown the powerful digestive action which this substance exerts; he therefore states that coffee taken with sugar loses many of its indigestible qualities.—(*Le Progrès Médical*, April 16, 1881.) —*The Practitioner.*

WATER DIET IN TYPHOID FEVER.—M. Luton, of Rheims, in the Journal de Thérapeutique, quoted in the London Medical Record, gives an account of the manner in which, since 1869, he has been in the habit of using water diet in the treatment of typhoid fever. It is understood that the disease should be taken at its commencement, the diagnosis, being well and thoroughly made out. Generally, the patient has been purged and the bowels are acting fairly. The patient is then submitted to a strict diet; the only drink he takes is water, well filtered, if necessary, cooled with ice; and of this he may drink as much as he likes. At first the patient drinks the water with avidity, then in moderation, and finally with a certain safety. Sometimes it is vomited at first is soon tolerated by the stomach. Under its influence the motions are at first more abundent, then they become more moderate and less fatid, and finally cease, to give place to constipation, which, however, is efficiently combated by injections of cold water only. M. Luton holds that the appearance of the cutaneous red spots marks the culminating points of the disease, after which the period of decrudescence and and remission commences. Alimentation may then be commenced, light and careful feeding, composed of milk, especially ass's or mare's or cow's milk diluted with water, if the two former kinds are not to be had; then the rest of the diet of the same character, according to the capability of the patient. According to M. Luton, the synthetic treatment of typhoid fever may be summarized as follows: 1. To furnish to the physiological vaporizaton, which regulates the temperature of the body, a sufficient amount of material, viz., water. 2. By the death of ternary aliments, and generally by a spare diet, to hinder septic fermentations. 3. To induce as far as possible a special anti-septic action, which helps in the purification of the infected economy, and removes the unfavorable chances of an evolution abandoned to its free course. 4. To destroy the Germ.—*Med. and Surg. Jour.* May 7, 1881.

ON THE CONTROL OF DIARRHŒA IN TYPHOID FEVER.—Dr. James W. Allen, superintendent of the Glasgow Fever Hospital, says, in the Lancet, March 19:—

It is, perhaps, better not to attempt to check the diarrhœa of enteric fevers so long as it is mild—that is to say, as long as the motions do not exceed three or four in the twenty-four hours. But when the stools are very loose and copious, as well as frequent, it becomes a very desirable thing to control, if not to stop, the diarrhœa. Severe purging rapidly exhausts a patient. In the case of children the following measures may be tried:—(1) Boiling the milk which constitutes patient's diet; (2) boiling cinnamon in the milk, and straining it; (3) adding lime-water to the milk in varying proportions, say from one in four to half and half.

The above simple remedies are well worthy of trial. They have the great advantage, in the case of children, of not being "bad to take," and further, while the patient is taking the medicine he is taking his diet (*i. e.*, milk) at the same time.

In the case of adults the means just mentioned should first of all have a trial. If they fail we may then try (1) that excellent pill—lead pill with opium—say one every three or four hours, till the diarrhœa is restrained. This pill is very valuable in the treatment of purging, and it has the additional advantage of tending to relieve pain and cheek flatulent distention of the intestines. Should the purging continue, and especially if the desire to stool be urgent and persistent, we should at once resort (2) to the use of the starch and laudanum injection—say ten, fifteen or twenty drops of laudanum in two tablespoonfuls of thick starch, injected into the rectum. This is a capital remedy; it checks the diarrhœa, allays the irritation, and probably at the same time disposes the patient to sleep. It is perhaps unnecessary to add, that no beef-tea should be given while there is diarrhœa.—*Med. and Surg. Reporter*, May 7, 1881.

EFFERVESCING BROMURETTED SOLUTION FOR NAUSEA AND VOMITING DUE TO UTERINE DISORDERS.—Dr. Chéron employs the following:

No. 1. Bicarbonate of potassa, 2 grammes,
Common water, 60 grammess,
Bromide of potassium, 2 grammes.

No. 2. Citric acid, 4 grammes,
Common water, 120 grammes,
Simple syrup, 40 grammes.

Pour into a glass a teaspoonful of No 1, and then a tablespoonful of No. 2; shake and drink immediately.

The same dose may be repeated every hour or half-hour. The amounts given in Nos. 1 and 2 represent the maximum amount that may be taken in one day.

The combination gives results much superior to what may be obtained by employing the medicines separately. In localized pelvic peritonitis, this mixture often stops the desire to vomit, and the vomiting, even during the acute stage.—*Revue Méd. Chir. des maladies des femmes in Gazette des Hôpitaux.—St. Louis Medical and Surgical Journal*, May, 1881.

IODOFORM DEODORIZED BY THE TONKA-BEAN.—At a meeting of the K. K. Gesellschaft der Aerzte, June 10th, 1881, Dr. Anton Bum proposed several methods for deodorizing iodoform which may be especially serviceable in private practice.

Peterson, of Petersburg, made use of tinct. moschi, Mikulicz proposed the oil of bergamot, others have employed balsam of Peru, oil of perpermint, etc. The most of these substances, however, have, in addition of this property, that of producing so great a smell as to be of themselves as disagreeable as the iodoform, as well as the disadvantage that when they are mixed with the iodoform, it cakes so as to be less palpable for dusting upon diseased parts.

V. Mosetig has employed for this purpose the tonka-bean (the seed of the faba tonca), the best

known of all odorous substances. It is the matured seed of the *dipterix odorata*, a tree growing in Guyana. The bean owes its peculiar, mild, bitter almond odor, which much resembles that of weichselholtz [a species of willow growing on the banks of the river Weichsel, the branches of which are used in the manufacture of pipe-stems, and are much prized for the pleasant aroma they give to smoke passed through them. Trans.] to its containing cumarin, or cumeric acid ($C_9 H_6 O_2$). The bean, either entire or split longitudinally, is put into the bottle, closely stoppered, in order to preserve the idoform. One bean is sufficient to deodorize 150 to 200 grams of iodoform. Should it be desired to deodorize a smaller quantity, quickly, it may be done by using a drop of the alcoholic or etherial extracts which are found in the drug stores. The iodoform loses, after a few minutes of contact with the bean, its peculiar odor, which is permanently replaced by a faint bitter-almond odor. —*Allgem. Wiener Med. Zeitung*, June 14, 1881.—*Cincinnati Lancet and Clinic.*

A Substitute for Glycerine.—I herewith give you an easy working formula for a substitute for glycerine, camphor ice, cold cream, etc.

Take of pure bay rum and glycerine each one part, quince seed jelly two parts, mix; this resembles Espry's cream. A few drops of the oil of rose or any other perfume may be added to the bay rum before it is mixed with the other ingredients.

The quince seed jelly is easily prepared by adding two drachms of quince seed to two pints of water, boiled down to one pint, then filter and let stand till cool.

The above preparation will be found a pleasant substitute for glycerine, camphor ice, etc. It is neither sticky nor greasy, and will be found when diluted with rain water, an excellent application for chapped hands, cracked lips, and a most excellent dressing for the hair.

Various substances can be dissolved in the glycerine, if well heated before being added to the other articles.

Boracic acid of about the strength of a drachm to the ounce will be found a most excellent application in most diseases of the skin. Quinine can be used effectually by inunction in this way, as well as other remedies soluble in hot glycerine.—A. J. Roe, M. D., in *Medical Brief.*

Govaerts on the Black Elder.—Govaerts has recently discussed this almost forgotten drug. Since the origin of the historical epoch, physicians have ascribed to this drug properties which they have utilised in various diseases. The alleged properties have been largely pendent on its laxative or purgative action. These properties are found to exist in a geater extent in the bark than in the leaves; these latter lose about eighty per cent. of their weight by desiccation. Their nauseous and fetid odor disappears, through desication, as time advances to give place to a purely herbaceous odor. In relation to pharmaceutical preparations and posology, Govaerts arrives at the following conclusions:

1. The succus from the leaves is the best form for the administration of the drug, and it can be administered thus: Juice of the leaves of the black elder, two ounces; spirit of peppermint, five drops.

2. The juice of the root produces excellent effects, and may be given in doses from half an ounce to an ounce, when the preparation is properly made.

3. The wine of the fresh root of the drug (30 parts to 100) is the most agreeable preparation, and is also the most stable. In doses of from half an ounce to an ounce it produces abundant alvine evacuations, accompanied, however, by nausea and vomiting.

4. Accelerated temperature exercises the same action on the leaves and the bark, and on their preparations; it completely destroys their therapeutic qualities.—*Druggist*, August, 1881.

The Croton Oil Treatment of Ringworm.—I am glad to see, by his valuable paper on this subject, that the croton oil treatment of ringworm has prospered in Dr. Liveing's hands. There are two essential points to be borne in mind in the treatment of this disease, when it has become chronic, and has penetrated the deep hair-follicles of the scalp. The first point is that, whatever parasiticide is employed, it must be made to penetrate the hair-follicles. This may be brought about (1) by rubbing the parasiticide, whether in the form of an ointment or liniment, well into the part; (2) penetration may be greatly aided by using some subtle penetrating fluid as a vehicle for the remedy, such as alcohol, ether, benzine, turpentine, etc.; (3) by the removal of crusts, scales, and diseased hairs, which leaves a clearer channel for the entry of medicaments. The second point to be remembered is that, if the efficient application of remedies, as above indicated, fail to remove the disease, and the complaint be of limited extent, and there exist no special reason in the case to contraindicate such measures, the parasite may generally be destroyed by setting up an inflammation that involves the cutaneous tissues as deep as the hair-follicles extend. This may be accomplished by painting the affected part with strong croton oil liniment (which may be repeated if necessary), so as to cause pustulation. It is necessary that the pustules should be contiguous, so that there may remain no portion of the skin-structures between the pustules beyond the sphere of the inflammatory action. No permanent loss of hair or sloughing has followed the use of croton oil in this way in my experience.

I was led to adopt the plan of setting up local suppurative inflammation for the removal of chronic ringworm, by noticing in practice how repeatedly the disease disappeared from the tracts of skin where kerion had accidentalty occurred. Croton oil seemed the most suitable agent, the effects of which, when employed as a counter-irritant on the chest, are familiar.

I advocated this form of treatment in a paper read before the Dermatological Section of the British Medical Association, at the meeting in August, 1879, which was published in the British Medical Journal of May 29th, 1880. Dr. A. Smith also pointed out the advantages of croton oil in the treatment of ringworm, in January, 1880.—Wyndham Cottle, M. B. Oxon., F. R. C. S., in *The Brit. Med. Journal.*

Treatment of Frequently Recurring Erysipelas of the Face.—This affection is very annoying to the patient, for, in spite of every precaution, it will recur again and again. If any cause can be discovered, such as bad drainage, it should at once be remedied; but, whatever other hygienic of medical treatment be employed, some local application is generally necessary. All these applications are either disfiguring or disagreeable, or totally inefficient. For many years, my father and I have used with entire success a strong solution of tannin (four to eight grains to the drachm of spirits of wine and water). This application, which is not disagreeable to the patient, should be painted over the parts affected with a soft brush every two or three hours, and allowed to dry, the patient being careful to keep the face from the fire. If there be a tendency to frequently recurring erysipelas, it is well to keep the tannin at hand, as it will always arrest a threatened attack.—James Braithwaite, M. D., Leeds, in *British Med. Jour.*, April 30, 1881.

PROTA-GIURLEO ON DITANA DIGITIFOLIA AS A GALACTAGOGUE.—With this plant, a native of Brazil, Prota-Giurleo (Il Farm. Ital., 1881) experimented upon nursing women. It was found that under its administration, either in the form of an aqueous infusion or an ethereo-alcoholic tincture, milk could be made from the mammæ upon the slightest pressure. The drug has a selective influence over the mammary glands. It promotes, increases, accelerates, and even brings back the secretion of milk. The author has prepared a liquor named 'galattofore,' which is readily administered to mothers and nurses. Of this tincture one to three tablespoonfuls are added to half a litre (about 0.8 pint) of water, or better, to infusion of chamomile, and thus taken in divided doses during the day. The remedy is recommended in the case of mothers and nurses whose milk is scanty, and nurses in maternity hospitals, who are compelled to suckle several children.—*London Medical Record.*

GELSEMIUM IN FACIAL NEURALGIA.—I have had a good deal of experience in the use of gelsemium, both in my own person and that of patients. I have found it a reliable and safe drug in suitable cases, such being cases of neuralgia of the dental nerves due to carious teeth. In my own personal case, I always have recourse to it, and with success, as soon as ever I feel a twinge in a decayed tooth; and I have given it to patients under similar circumstances, with like favorable results when taken soon enough. In cases of facial neuralgia, however, involving other parts of the face, as the forehead and the temples, I have not had good results from it, and have latterly always limited its employment to cases where the neuralgia was apparently due to the condition of the teeth.

I usually prescribe the tincture in doses of 10 or 15 minims, repeatedly every half hour or hour until the pain is relieved. I have never seen or experienced any deleterious effects, and, in my own case, have taken it at all times of the day and night, and in all positions.—W. D. Hemming, F. R. C. S. Ed., in *The Brit. Med. Journal.*

TRANSFUSION—AUTO-TRANSFUSION.—Dr. Erich spoke of transfusion in cases of collapse from post-partum hemorrhage. In one case he had tried Aveling's instrument, using the arm of the patient's son to get the blood, but could not get the blood to flow, because clots formed in the instrument. He thought defibrinated blood should be employed. He preferred auto-transfusion. About ℥vj of blood is all that can be safely introduced by transfusion, and this amount can generally be obtained from the lower extremities by squeezing and bandaging them and elevating the feet of the bedstead. Electricity is one of the most efficient agents to excite contractions.

In an experiment upon a dog he bled the animal "within an inch of his life," then injected the defibrinated blood back into his veins, and the animal revived.

Dr. Reiche had witnessed the use of the transfusion apparatus once only, and then the results did not impress him favorably. The patient had a uterine fibroid, and bled frightfully at each monthly period. She lingered on, however, recovering each time until the transfusion; although conscious before this was practiced, she was not so afterwards, and her death occurred in two days.—*Va. Med. Monthly*, Nov., '81.

BROMIDE OF AMMONIUM IN WHOOPING-COUGH.—Bromide of ammonium vaunted in the treatment of whooping-cough by Harley, Gibb, and Ritchie, has lately been tried again at the Dresden Clinique for Diseases of Children, with the best results (La France Medicale). Korman has convinced himself that from the first doses the frequency and intensity of the fits of coughing diminish. The bromide is administered as follows: Every two hours 15 centigrammes for children under one year of age; 25 to 50 centigrammes for older children, suspended in coffee or in a draught sweetened with liquorice. The medicine should be taken after coughing to avoid its being vomited. Even very young children bear relatively large doses of the remedy. At most there is observed sometimes apathy and somnolence, which disappear in a few hours on the remedy being suspended. The existence of gastric catarrh is a contra-indication for the employment of bromide of ammonium.—*Medical Press and Circular*, Nov., 1881.

ON A NEW METHOD OF COMBATING INSOMNIA.—Prof. Hoppe, in the Journal D'Hygiene, (April 7, 1881,) mentions a plan of treatment in insomnia which he has frequently found successful.

It consists simply in rapidly closing the eye-lids, twenty or thirty times in succession, and thereby causing fatigue of the depressor palpebræ muscles; this will be followed in a few seconds by an irresistable desire for sleep. The professor recommends this treatment more especially in that form of insomnia which accompanies nervous diseases.—*Cincinnati Lancet and Clinic.*

A PATENT MEDICINE MAN KILLED BY HIS OWN MEDICINES.—The Oil, Paint, and Drug Reporter states that James W. Teale, of Brooklyn, agent for James' Fever and Ague Cure, died rather suddenly last month, a victim to overdoses of arsenic, contained in the preparation for which he was agent. This is a remarkable case from the fact that it records the only known instance of a patent medicine man's having the temerity to take his own compound.—*The Chemist and Druggist* December 15, 1881.

RECTAL ALIMENTATION.—From experiments made in Prof. Vulpian's laboratory, M. Catillon infers that in order to secure the full benefits of injected foods, they should first be transformed into peptones. For one enema he used: peptones of meat (the solution saturated at 19c) 40 grammes (about 1½ ounce); water, 100 grammes (about 3½ ounces); laudanum, a few drops, and bicarbonate of soda, 30 centigrammes (4½ grs.)—*L'Abeille Medicale.*

THE PROFITS OF ZOEDONE (PROPRIETARY).—The first annual meeting of the Zoedone company was recently held in London, Mr. Hoare presiding. The report stated that the whole expenses and charges amounted to £6,208, which left a total net profit of £45,024 (!!!) out of which an interim dividend at the rate of 25 per cent. per annum was now recommended. Of the balance of the net paid last December and a further similar dividend was profit, £15,000 was carried to the reserve fund, leaving £5,024 to be carried forward.—*Med. Press and Circular.*

CAPSICUM AS AN EMMENAGOGUE.—Capsicum is claimed by Cherou (Journal de Médicine et de Chirurgie, August, 1881), to be of great value as an emmenagogue, and to have similar properties to ergot. He gives the following formula:

℞ Tincture of capsicum, 45 grs.
Rum, 1 ℥.
Gum julep, 4 ℥.

Sig.—Tablespoonful every two hours. He has also found it of value in pulmonary hemorrhage.—*The Druggist*, Oct., 1881.

New Remedies.

CHRYSOPHANIC ACID AND PSORIASIS.—The circumstances under which I was induced to try chrysophanic acid, as indicated by the correspondence in your journal, briefly stated are as follows:

A boy of nine years of age was admitted into my wards on April 5th last, covered, as the ward journal states, "with a scaly eruption, which came on about three years ago, and gradually extended until it embraced the whole body, being, however, most marked and patchy at the outside of the knees and elbows." He was ordered to be rubbed with the chrysophanic acid ointment (one drachm to one ounce of vaseline), and four days afterwards the nurse informed me that he had been sick and had vomited. On enquiring a little further into the matter, I made the remark to my clinical class, "I wonder if the application of the acid could have done this," and I stated "that I would on a subsequent occasion test the ointment with a view to elucidating the truth." Meanwhile I discontinued to apply the acid the boy in the same strength, making the proportion half a drachm to the ounce; and he was dismissed well on May 3rd, without any further untoward symptoms. In accordance with the view suggested, the next patient admitted in the male wards was only rubbed with the acid of the same same strength on one side of the body—the other being untouched. Both sides healed, but some dubiety existed on my mind, and also on that of my assistant, as the truthfulness of the patient's statement, for we suspected in his anxiety to become well, he had surreptitiously applied it to both sides. In the case also during the same summer of a female patient, we were suspicious that the nurse, somewhat inexperienced and zealous, had occasionally and intentionally forgotten the directions given and used it on places we had warned her to avoid. In publishing my clinical retrospect in The Lancet of last autumn, I alluded to this, and said with regard to the crysophanic acid ointment: "A singular circumstance was noted—viz., that the acid rubbed in must have some constitutional action, for if applied to only one side of the body it seems eventually, though more slowly, to remove the scales from the other. This observation, though true in one case, was not so marked in another, and would require further verification."

Continuing my narrative, I may state that the next case of psoriasis was admitted on Nov. 18th, 1880. This man, æt. 22, had twice before been under treatment in the infirmary for the same complaint and on both occasions had been treated by arsenic with the result that in six weeks he had left the wards well. The last admission was in 1875, and he stated that since then the eruption had appeared every autumn, but not to any great extent. Six months ago it was very apparent on the elbows and knees, and since then it had spread to the arms and legs, and, as noted now, it is said to extend from the arms and legs over the whole boy.

On the 21st Nov. (three days after admission): One arm and leg were ordered to be covered with close-fitting flannel, and the ointment of the strength previously mentioned to be rubbed in over the exposed parts. On the 1st of December the ointment was rubbed in for the last time, and twenty-four hours afterwards a bath was given. On the 6th of December it is noted that rhe skin on both sides is now clean and smooth, and the patient was dismissed 'cured."

In the next case that of a female aged seventeen, the history and appearance were as follows: "She had been under treatment three years previously, and had been treated successfully by me with chrysophanic acid. Six months ago the disease appeared again, and at present psoriasis spots are observed on the chest and back, circumscribed and not very numerous. But over the extensor surface of the arm there are large silvery patches, and on the outside of the knees and front of the legs and thighs the eruption is very marked." Stringent precautions were taken in this case to guard against any error in the one-sided application of the ointment, flannel padded with cotton wool was applied from the upper part of the thigh to the ankle, and secured by tapes so that the ointment could in no way affect it. Two days after admissiom treatment was commenced by rubbing in the ointment to all the other parts implicated. This "rubbing in" was continued daily for ten days. The nurse used her hand, not a cloth. Fully two ounces were so used every day for four days, until the scales were thoroughly removed, after that about one ounce only of the ointment was applied. Ten days after the commencement of treatment it was found, on taking off the bandages, that the scales had commenced to disappear, the disappearance being most evident at the circumference. On the centres of the patches a few scales were still observed. The skin was left on the previously scaly surface white and clean. A week later the parts rubbed were completely free from scales, and the parts covered very nearly so, with exception of one or two spots about size of a pin head, which were situated on the center of the previously scaly patch. The patient was ordered a bath, and a small bread and water poultice was applied over the previously covered leg. Three poultices in all were so applied on three successive days, and it was found that after that time the skin was left clean and whole, and not discolored as the other side was by the application of the ointment. In this condition the patient was shown to my class at the university, and I have no doubt they will testify to the appearance mentioned. I may add that the patient remained in the ward after this for a month, but the eruption did not reappear. The total quantity of ointment used in this case on twenty-four applications was thirty-two ounces, of the strength of one drachm to the ounce of lard.

It will be observed from the history of these cases—1. That the ointment was applied with no stinted hand, but, as the nurse states, rubbed it until it had been all absorbed. 2. That the strength of the ointment was perhaps stronger than that generally used—viz., one drachm to one ounce. 3. I venture on no speculation as to how chrysophanic acid may act if given internally. I simply state carefully, well-recorded facts with regard to the influence of its one-sided application, and these fact can be corroborated without reservation by many who watched with interest the progress of the experiments.—M. Charteris, M. D., in *The Lancet*

CHAULMOOGRA-OIL AND GYNOCARDIC ACID IN THE TREATMENT OF SKIN-DISEASES.—The high opinion I had formed of chaulmoogra-oil, both as an internal remedy and as a local application in some cutaneous affections, led me to expect that its active principle—gynocardic acid—when freed from the other constituents of the oil, would give results both more uniform and energetic. I have used chaulmoogra-oil and gynocardic acid side by side, and the following summary of the results of my experience of them may, I hope, lead other observers to make trial of these agents, and add to our knowledge of their action. When given internally, gynocardic acid appears to be assimilated, and but rarely produces nausea—in this respect being less objectionable than chaulmoogra-oil. In nearly all cases, the nutrition of the body seems to improve while either the oil or the acid derived from it is being taken, and a gain in weight is sometimes noticeable. It is especially beneficial in diseases depending on general malnutrition. Rheumatism and gout have

been found to improve rapidly under the use of chaulmoogra-oil; and it is of undoubted efficacy, too, in some late forms of syphilis. The difficulty of giving chaulmoogra oil, owing to its taste and odor, and the necessity of ordering it in perles, have militated against its general employment. The substitution of gynocardic acid, which can readily be given in the shape of pills, will remove these objections, and bring it within the sphere of practical medicine.

Applied locally, chaulmoogra-oil and gynocardic acid are demulcent and lubricant; but, like all greasy substances, act more benignly when the acute stages of inflammatory action have passed.

Leprosy.—I have had the opportunity of trying ing gynocardic acid in but one case of this disease. The patient had been taking chaulmoogra-oil in large doses for over a year; and the complaint had passed into a quiescent state, with gradual amelioration of the symptoms, and without experiencing a relapse. He took three grains of gynocardic acid daily for about four months, and felt no inconvenience. During this time, the skin-staining faded somewhat, and the areas of anæsthesia contracted and became less pronounced.

Psoriasis.—Chaulmoogra-oil and gynocardic acid are not sufficiently stimulating as local applications to cause any marked improvement in the ordinary chronic cases of this disease. Where much burning and pain are present, or the tracts of inflamed skin are stiff and fissured, I have found an ointment of one to two drachms of chaulmoogra-oil with an ounce of vaseline, or of about twenty-five grains of gynocardic acid in an ounce of vaseline, applied three or four times daily, give great relief and promote healthy action in the part. The internal remedies suitable to each case should be employed simultaneously, and gynocardic acid may generally be given internally with advantage,

In lichen planus, in lichen scrofulosorum, and in some cases of relapsing prurigo, a similar use of chaulmoogra-oil or gynocardic acid often acts most beneficially, in conjunction with the appropriate internal treatment.

Eczema.—After treating a large number of cases of this disease with chaulmoogra-oil or gynocardic acid, I find it is as a local application in some forms of this most frequent of skin-diseases that both chaulmoogra-oil and gynocardic acid are such valuable servants. In persons with delicate skins, the portions of the cutaneous surface that are uncovered or exposed to the action of accidental irritants, as the face, the hands, and the arms, are peculiarly liable to attacks of painful and most troublesome eczema. In these situations, often from the difficulty of removing the exciting cause, such an inflammation is frequently most rebellious under treatment, and very apt to recur. When eczema affects the face, it is sometimes acute, and generally intolerant of local applications. In such cases as these, and in the more chronic form, when it shows itself as patches of dry eczema, I have found an ointment of gynocardic acid of from fifteen to twenty-five grain to the ounce of vaseline almost a specific, when most of the ordinary applications in use only served to aggravate the local mischief. The ointment should be applied three or four times daily; so as to keep the affected parts lubricated with it. Again, in eczema of the hands, such an ointment is the most generally useful application with which I am acquainted. I have seen many most obstinate examples of this disease affecting the hands, which had in no way improved under treatment by the ordinary measures, rapidly heal under the application of gynocardic acid ointment. The ointment should be used of about the above-mentioned strength, and should be applied four or five times daily; or, if the patient can bear the inconvenience, the ointment should be spread on soft rags and laid over the affected part, and may be kept in position by wearing gloves, or by a few turns of bandage. Very useful and soothing also are both chaulmoogra-oil and gynocardic acid when applied in this way in eczema of any part of the body; but it is in cases where this disease attacks the face and hands that I have found them so pre-eminently beneficial. I have met with no ill effects consequent on their use, nor do they exert any action on the sound skin. The employment of such local measures in no way interferes with nor removes the necessity of the assistance of the internal remedies adapted to each case. In the acute form of this disease, or where there is much discharge, the good effects following the use of chaulmoogra-oil or gynocardic acid locally applied are not so marked.

Lupus.—Some cases both of the tubercular and erythematous forms of lupus improve under the local and internal use of gynocardic acid or chaulmoogra-oil; but I have not found them alone sufficient to remove the disease.

The amount both of chaulmoogra-oil and gynocardic acid that individuals can take internally varies greatly. The oil, and the acid, in less degree, are both apt to produce nausea, and occasionally constipation. It is well to begin with a small dose, about four minims of the oil or half a grain of the acid, which should be taken after food twice or thrice daily, and gradually increased to half a drachm to a drachm of the oil, or one to three grains of the acid. An aperient should be given at the same time, if necessary. The oil may be enclosed in perles, which is the most agreeable mode of administering it if only a small dose be required; or it may be given in emulsion. It is convenient to have the gynocardic acid made into pills containing half a grain of the acid, with three grains of extract of gentian, extract of hops, or conserve of roses. To commence, one such pill may be given thrice daily. The amount may be gradually increased to two, three, or four pills for each dose. If larger quantities be required, it is then better to order pills containing from one to two grains of gynocardic acid.

The chief advantages of gynocardic acid over chaulmoogra-oil are, that, in using it, we are dealing with the active principle of the body, and a definite substance, rather than with an uncertain mixture; its more certain and marked action; its lessened bulk; and the facility with which it can be administered in pills.

The constitutional effects of the drug may be obtained by the inunction on the skin of chaulmoogra-oil, or of gynocardic acid in the form of ointment. This is especially useful in the case of children. Gynocardic acid might be combined with a soap with advantage. I should expect such a soap to possess much of the soothing and remedial influence of the gynocardic acid, and that it would probably be useful in the treatment of many forms of skin-disease.—Wyndham Cottle, M. A., M. B. Oxon., F. R. C. S. Eng.. in *British Medical Journal*, June 24; 1881.

The Ustilago Maidis as an Oxytocic.—Believing fully that quite as much good is often accomplished in carefully studying those remedies we have already found valuable, and that may also possess other and yet unknown therapeutic properties, thereby limiting to a convenient number the medical armamentarium, as in bringing to notice new remedies for trial which may not have any superior value to those at present well known, and hence cumbering the books with a multitude of agents which, at best, are in many cases simply substitutes one for the other. Conscientious care should be exercised in presenting questionable remedies to the profession.

The spirit of conservatism, however, must not be indulged to the extent of discouraging laudable investigation of those agents, which by any methods are shown to possess either before unknown properties, or which produce results similar to well known agents, but more in harmony with nature, than those with which we are familiar.

In the light of the above considerations, I would call attention to what I know of the ustilago maidis, and the experience I have had with it in severe cases of parturition. It is now some 15 years since the ustilago began to be studied, and what I have read of it has been gathered from the periodical medical literature of the day, the best summary of which that I have seen is in New Preparations, for January, 1877, issued by Geo. S. Davis, Detroit, Mich.

The ustilago maidis has its habitat in the United States, and is commonly known as corn smut, corn ergot, its medicinal part being the fungus, exclusive of chaff. It contains the propylamin and secalin, active constituents in the secalæ cornutum, ergot.

From time to time brief articles have appeared in the medical journals claiming oxytocic properties for the "ustilago." It is known that cows and other domestic animals eating it while carrying their young, frequently abort. Experiments made with it upon the pregnant bitch causes her to abort. Mules feeding upon it have suffered from ergotism.

Having a quantity of Parke, Davis & Co.'s ustilago maidis put into my hands several years since, I resolved to test its properties, and the following cases will illustrate the results:

Case 1. Mrs. B. had been in labor three hours with her third child, when I was called. The os uteri was fully dilated, and the child's head had descended well into the true pelvis, in the first position, but the pains had ceased for half an hour before I arrived. The vaginal examination and gentle manipulation upon the abdomen failed to excite pains. The parts were cool, and the lady was comparatively comfortable. As previous labors had been somewhat rapid in the second stage, I did not feel at liberty to leave the house, so I took my seat in an adjoining room in company with my paper. Half an hour had elapsed, but all was at a standstill. I then ruptured the membranes, and there was quite a large discharge of the liquor amnii, and the patient was advised to move about the room, which she did. Another half hour elapsed without any signs of labor pains, and I gave 30 drops of the ustilago, repeating the dose in 20 minutes. In about 20 minutes she had a very steady and firm, but short pain; in about 6 minutes more the second pain came on, but was longer than the previous one. After this the pains recurred after a remission of about 4 minutes until labor terminated, which was about 50 minutes from the time of the first pain after taking the ustilago.

Case 2. Mrs. A., 35 years of age, healthy. This was her second labor, and I was engaged because the family felt there was undue haste in using the forceps in her first confinement, on account of feeble pains during the second stage of labor. There was a ruptured perineum and a still-born child, and the patient was confined to her bed for many weeks.

I learned that the attending physician in the first labor, a skillful obstetrician, waited an hour after the second stage of labor had set up, and then gave in a little time half an ounce of Squibbs' fl. ext. of ergot; this failing to produce any pains, he etherized his patient, put on the "long forceps," and after three-quarters of an hour's trial, delivered the mother of her child.

I did not allow myself in the least to unfavorably criticize her attendant, but explained that being present he could better judge than I what the circumstances of the case demanded. But I had not the least desire or intention unless it was imperatively demanded, to use the obstetric forceps in this case in the face of the strongest prejudice of an intelligent and influential family, especially when one who was fully my peer had lost family and favors by doing so, it may be somewhat hastily.

Labor began at 2 A. M. I first saw the patient at about 8 A. M. The pains had been somewhat frequent, and the os uteri was dilated to the size of a half dollar, and was dilatable; the parts were cool and moist, but the patient was quite nervous. Ordered her toast and coffee, and left her for an hour, when I returned to find the os the size of a dollar. Saw her again at 11 A. M., and found her much as at last visit; at 12.30 P. M. the pains were a little sharper, with a sense of bearing down when they came on. At 1.30 P. M. I called, and found the os fully dilated, and the head in the first position, engaged in the superior strait. The pains were occasional, short and sharp. For an hour there was scarcely any progress. I then ruptured the membranes, when the average amount of liquor amnii escaped, but the pains were not increased. Another hours' waiting was without any good results, and I administered 30 drops of ustilago maidis; in 20 minutes I gave 40 drops of the remedy, as rhe first dose had produced no effects. In about 10 minutes from the taking of the second dose the pains came on, and were repeated every 5 minutes, and were strong and natural. The perfect remission was very marked. In about 40 minutes from the taking of the second dose of medicine, the lady was delivered of a 9½ pound boy without the least accident. In a few minutes a more vigorous pain came on, and with a slight tension on the funis, the secundines were thrown off. The patient convalesced rapidly.

Case 3. Mrs. P., æt. 32, a lady in fair health, borne four children. In each labor the second stage had always been prolonged from uterine inertia, the forceps have being resorted to in her first, third and fourth parturition. Saw her at 10 A. M.; the first stage of labor was completed, and the child had descended considerably into the pelvis. The pains had subsided; ruptured the membranes, used friction to the abdomen, and advised her to walk about the room, which she did, but the pains did not set up. At 12 M., gave Squibbs' fl. ext. ergot, two drachms; at 1 P. M., there being no indication of labor coming on, gave Parke, Davis & Co.'s fl. ext. ustilago maidis, 45 drops, and in 15 minutes labor set up vigorously, and terminated at 2 P. M

Many other cases in a similar manner to those cited, might be given to show the efficiency of "ustilago maidis" as an oxytocic, but these may suffice for the purpose in view.

The question now arises, "would not ergot have done all this as well as the agent used?" I answer, "possibly it might; but it had once failed with patient No. 2." This, however, is what is claimed preeminently for the ustilago maidis, namely, "the pains that it induces are strong, regular and remittent; they greatly resemble natural labor pains." Tke peculiarity of the pains induced by the ergot are strong, continued and spasmodic, contracting the uterus violently, so long, indeed, that "the child is often destroyed by their persistency." The continual "forcing" of the pains of ergot must have impressed every one who has prescribed it frequently.

Now, if the ustilago does what is claimed for it as an oxytocic, and is free from the well known objections to ergot, then it is well worth our attention and trial in practice. I shall certainly test it further as opportunity offers.

In taste it is not as objectionable as the ergot; it does not deteriorate by keeping as rapidly as ergot, and is a more plentiful, and hence a cheaper article. It is also claimed for it that it possesses much value in uterine hemorrhage, of which I feel certain from a not very limited experience in its use; but so far should prefer the hypodermic injection of ergotine to it.—C. E. Miles, M. D., in *Mass. Eclectic Medical Journal*, June, 1881.

A Fatal Case of Poisoning by Gelsemium.—I report the following fatal case of gelsemium

poisoning, in the hope that it may bring out other cases which have occurred, and may draw the attention of experimentalists to the necessity of determining its proper antidotes and their indications. Since the termination of the case I have searched for everything I could find relating to the drug, and find only a single case of poisoning mentioned (a fatal one reported by Dr. Wormley). The case I report is the third which has come to my knowledge. One occurred in the consulting practice of Dr. Wm. L. Cooper, of Troy, then of Michigan, where, to a lying-in woman, her attendant gave by mistake for ergot a teaspoonful of the fluid extract of gelsemium. Ten minutes later Dr. Cooper saw the patient, who was extremely prostrated, almost pulseless, and the respiration failing. He administered mustard and ginger several times, and stimulants, and the patient recovered. A few years since a young lady of this city, died in Saratoga, from a teaspoonful of the fluid extract of gelsemium, administered by mistake for geranium.

My patient was a very muscular man, 28 years of age, about 5 feet 10 inches in height, and 180 pounds weight. I was called by a relative to see him December 6th, at 3 P. M. The relative said he had been drinking more or less for several days, but on that day, instead of drinking, he had taken at intervals some drug, which the patient told him was gelsemium, to quiet his nerves. His condition finally became such that the relative called me, fearing that what he had taken might prove fatal. I found the patient with clothes on lying in bed, dozing, and looking very much as if he had been on a spree; he was easily roused, and talked intelligently; the face was pale; eyes flushed, pupils moderately dilated, and reacting to light, slight ptosis of both upper lids; pulse strong and full, about 100; no odor of alcohol about the breath; skin seemed normal to touch. At first the patient would not tell me what he had taken, but finally said he had taken 3 drachms of the tincture of gelsemium in 20-drop doses, every four hours, had repeatedly taken such doses to quiet his nerves from drinking, and could stand any amount, saying he knew all about the drug, as he had studied medicine. Finally he said he had taken two ounces of the tincture. I talked with him some 25 minutes, and as the last dose had been taken sufficiently long for its absorption before I saw him, and as there was nothing alarming in his condition, I advised detention in his room, watching, and at any sign of failure of heart or respiration, to give stimulants freely, and call me.

At 4 P. M. I was called by messenger, who said the patient had eluded his watcher a few minutes before, and had procured at a drug store, a 1,000 feet distant, one-half ounce of fluid extract of gelsemium, which he drank. I hastened with stomach-pump to his quarters, but could not find him. With his uncle I searched the hotel, top and bottom, as the waiter said he had not passed him, but in vain. After a 25 minutes' search, we found him at a shop a couple of hundred yards distant. He was sitting in a chair, but had little control over his movements, the limbs were relaxed, face pale; he recognized us, and spoke, but said he would not take an emetic. I had him held, and while his head was thrown back, I introduced a funnel into one nostril, and poured a solution containing 20 grains of sulphate of zinc into the throat. The patient was obliged to swallow, and copious emesis followed. He then voluntarily took plenty of warm water, and a second dose of 10 grains of sulphate of zinc, and vomited it also. However, he became speedily unconscious; pulse 130, respiration 40, and entirely thoracic; pupils moderately dilated, but reacting to light. I gave two drachms of brandy subcutaneously, and an ounce by rectum. Then, as the condition did not materially improve, the lips being blue, the skin livid and cold, I faradized the diaphragm and intercostal muscles, applying the electrodes 18 or 20 times a minute. The respiration dropped to 20, and became full and natural, the pulse became stronger, and the color of the skin and lips became rosy. Such was his condition at 7 P. M. that I went to get my dinner, and was absent 15 minutes. When I returned he was breathing long and full; pulse about 130; color slightly blue. I then repeated the injection of brandy, one ounce, and the faradization of the respiratory muscles. With this treatment the breathing became better, but the capillary circulation was poor, there being a tendency to lividity and cold extremites and skin. Applied heat, gave 1-40 grain of atropia subcutaneously to strengthen heart and improve capillary circulation. Pulse and color improved, but did not last long. I tried inhalations of nitrite of amyl without effect. I then repeated brandy, one ounce by rectum, faradic current to diaphragm and spine, and gave carbonate of ammonia subcutaneously. At 9.15 there was a tendency to lividity, skin was cool, and the pulse 135, still I regarded his condition as such that I told his uncle he might go off for 15 or 20 minutes to get something to eat (he not having eaten since morning), but proposed first that we should move the patient on the blanket on which he lay nearer to the fire, as the room was becoming cold. This was done by grasping the four corners of the blanket, and gently lifting him. Immediately after his face became pale, his lips blue, the respiration and heart stopped, and the patient, at 9.25 P. M., was dead.

No autopsy was had.

In view of the lack of experimental authority, I did not dare give large doses of atropia or digitalis, for I feared that to prove effective, they would have to be given in doses so large as, under ordinary circumstances, of themselves to prove fatal. When I first used the faradic current (Kidder's one-cell battery), the reaction was prompt and very satisfactory, but it seemed, later, to lose its power.

For a drug which is so much used, there seems to be very little known about its toxic doses and antidotes. My father, Prof. Wm. P. Seymour, of Troy, who has prescribed it a great deal, particularly in gonorrhœal inflammation, regards the doses usually given in the books as likely to give rise to all the disagreeable physiological, though not toxic effects. Two minims of the fluid extract three times a day frequently affected sight so that a book-keeper could not write, and four minims three times a day frequently produced weakness of legs and staggering.

I am reminded of the toxic effects of another drug in popular use for criminal purposes, namely, tansy. This year I have seen two cases where the drug produced convulsions and delirium, and in one coma and dislocation of the jaw from convulsive action, and I am informed that in some cases it has produced dangerous, and, in many cases, fatal inflammation of the bowels without any oxytoxic effect, and find that the books give little or no information regarding its antidotes or mode of destroying life.—Wm. W. Seymour, M. D., in *Boston Med. and Surg. Journal.*

Physiological Action of Yerba Santa.—Dr. Briggs: Mr. Chairman, I have a few notes of a case involving the physiological action of yerba santa. It is not a very clear and definite case; still there are some important facts connected with it, and as yerba santa is a somewhat new remedy, we may as well make note of them. A patient whom I have seen from time to time in the last few years—a stout woman 50 years of age, sanguine, plethoric—happening to be suffering from some cough, went to an apothecary store, and speaking to the clerk, he very kindly gave her a bottle containing the extract of yerba santa. The prescription was:

℞ Ext. of yerba santa, ʒiv.
Syr. tolu, ʒiss.
Liquor potass, gtt. xv.

She took only a few tastes of the bottle when she received it. But on the night of the 20th of January, on going to bed, her cough worried her very much, and as the bottle was nearly full, she thought to make sure she had better take a good deal of it, and she took at one draught all the bottle contained.

Dr. Pollak: Did she take it all?

Dr. Briggs: Yes, sir. There were two or three drachms of extract of yerba santa in the bottle, and she took it all. This was to relieve the cough, it must be remembered. At half past 5 o'clock in the morning, a woman who was sleeping in the same room with her got up; and this person observed her turning over, and concluded she was awake and going to get up at once.

The room-mate arose, dressed herself, and went out. At 7 o'clock she returned, and found the patient lying all in a heap near the end of the room, in a very constrained posture, her head bent down with a sharp twist of the neck.

There was a flood of urine on the carpet, and also in the bed. She was in a house where they are accustomed to take care of the sick, and the alarm being given, she was found to be without breath or pulse. They raised her, opened her mouth, forced some brandy down her throat, and put her feet in hot mustard water. This treatment was followed, almost immediately, by a return of the pulse. If she had not been discovered, she would have died very quickly indeed. In 30 minutes she had recovered sufficiently to answer "yes" or "no." I saw her about 8 o'clock in the morning, and at that time, you will observe, brandy had been administered to her and the mustard application made, and she had been put back to bed and was warm. I found her face red. There was no convulsive action. Her mouth was firmly set, but it was not twisted to one side. When I spoke to her, she answered me almost at once, she knowing my voice. She had a full pulse then; it was 80; there had been no vomiting. Judging from this strong pulse, red face, and relapses into stupidity, that there was some congestion of the brain, I gave at intervals two bread pills containing a drop of croton oil each, and also a mustard enema. They told me she would partially recover consciousness and speak to them, and then she would relapse into unconsciousness with the firm setting of the mouth. In falling she had injured her eye and bruised her shoulder, which kept her confined for a little while, but she recovered very kindly indeed. She could talk connectedly by 10 or 11 A. M. She remembered that she had taken the medicine, and that she had a desire to urinate. After that came a blank, until she revived after the brandy, and was conscious of her friends about her. It was probable that the taking of the drug was followed by sleep and stupor. The desire to urinate was so strong that it partially roused her. She did not remember getting up, and probably did so almost automatically, beginning to discharge urine before left the bed. The bladder seems to have been very full, perhaps owing to the drug.

She got out of bed, and had fallen in consequence of the loss of nervous power occasioned by the action of the drug; then the constrained position in which she fell, combined with the action of the cold—for the weather was very cold—stopped the functions of the heart and lungs, and would have caused her death if it had not been for the timely aid she received. The redness of the face may have been from the drug, or may have been from the brandy only. The record then is, that she took three drachms of extract of yerba santa and recovered.

Dr. Ford: This prescription was used as an antispasmodic, was it not, to relieve cough?

Dr. Briggs: The idea was that it would reduce the irritation of the mucous membrane. I think that was the theory the clerk acted on in giving the prescription.—Proceedings St. Louis Medical Society—*St. Louis Med. and Surg. Journal*, April, 1881.

Ustilago Maidis.—The name given to a peculiar parasitic mushroom found growing on corn, more or less every year. It is also commonly called corn ergot, on account of having a similar therapeutic action to ergot of rye. The seed of the common corn is perverted or changed in its growth by the early presence of a parasitical fungus. It is found very abundant some years, on the end of the ear of corn, being a dry, black powder, resembling, in appearance, lampblack. This substance is made into a fluid extract, which is the best form for its administration; however, the powder, or infusion, can be used, though not so pleasant to administer.

It has been used by some practitioners for some time in several forms of uterine diseases, such as amenorrhœa, ovaritis, dysmenorrhœa, menorrhagia, metrorrhagia, and agalactia, and even in lesions of the spinal cord and cerebellum, resulting from masturbation, and doubtless in some of those diseases it would bring about good results. But we should study the action of this remedy—what effect it has upon the non-gravid uterus. Doubtless the nervous plexus of the uterus and its appendages, with the sympathetic nerves, are more or less in a defective or perverted condition, giving rise to some form of the above diseases. The specific action of the fluid extract of ustilago maidis, when administered for some time, will increase the contractile force of the muscular and uterine nervous plexus, and thus give its wonted tone and energy, and bring about healthy action. For the same reason, it would be a good remedy in some form of prolapsus uteri, giving the nerves and muscles force and power to support the uterus in proper situ.

But I wish to bring this remedy before the profession, more for its intrinsic value as a parturient. Ergot is often given before the os uteri is sufficiently dilated, to the detriment of the patient, and thus not only prolonging the labor, but poisoning the fœtus and destroying its life. It also produces continuous uterine contraction.

Now we have a different action in the ustilago maidis; it will gently and yet effectually assist nature. When there is inertia of the uterus, before the os uteri is dilated, pains being feeble, or none at all, we can give the fluid extract of ustilago maidis with safety to mother and child, and yet increasing the pain as desired.

The action of this remedy upon the gravid uterus, produces intermittent pains simulating natural ones, while the rye ergot produces irregular continuous contractions. This action is not desirable, while the corn ergot will produce regular intermittent contractions, an action often wanted in many cases of labor. I have been using the corn ergot for several years, in my obstetrical practice, and whenever I find the pains are feeble and progressing slowly, without the least hesitation I give the corn ergot to increase them, whether the os uteri is dilated or not. This we dare not do with rye ergot. I regard the corn ergot as a parturient superior to any other remedy in the materia medica. I am talking from personal experience.

A few days ago I was called to wait upon a lady in confinement. The first symptom of labor she had was the escape of liquor amnii. I was immediately summoned, and found no pains and os uteri not dilated. I patiently waited for eight hours, but no pains. Then I gave the fluid extract of ustilago maidis in half teaspoonful doses every hour; pains or contractions soon commenced, and at the end of eight hours more I delivered the lady of a 10-pound healthy boy.

I could mention a large number of such cases, with similar results. Would it do to give ergot in such cases? Then for a parturient, use the corn ergot, in doses of the fluid extract, from half to a drachm, every half to one hour, and you will not be disappointed in the result.—J. A. Henning. M. D., in *Indiana Medical Journal*, May, 1881.

MANACA IN RHEUMATISM.—There is no disease that we are called upon to treat which so severely tries the patience of the physician and patient as chronic rheumatism. This being the case, we are always glad to report the virtues of any agent that appears to have been instrumental in curing even a single case.

It is only about eighteen months ago that Parke, Davis & Co. introduced to the notice of the profession the Brazilian remedy known as manaca, the botanical name of which is Franciscea Uniflora. It is classified in the Brazilian dispensatories as an alterative, and is highly esteemed as an anti-rheumatic and anti-syphilitic remedy. Several months since I tried it in a long standing case of rheumatism, and have since used it in several other cases with good results, as will be seen from the following reports:

Case 1. A. E., æt. 34, was attacked with inflammatory rheumatism on December 10th, 1880. He was under treatment for about two months, and though the inflammatory symptoms had subsided, the knees and ankles remained swollen and exceedingly painful, and he could only move about with great difficulty by the aid of two crutches.

At this stage he consulted me, and learning that he had at various times taken nearly all our usual remedies for such cases, I determined to try manaca. I prescribed Parke, Davis & Co.'s fluid extract of the drug, in ten-drop doses, four times a day, for two days, without any apparent change. I then increased the dose to twenty drops, and ordered it to be increased to thirty drops after two days more. At the end of the first week the pain and swelling were both much relieved, and after continuing the treatment for two weeks the patient walked into my office without crutch or cane, and declared himself entirely well. He has had no return of the disease since.

Case 2. J. G., æt. 43, had been exposed in a rain storm last March, while suffering with an acute gonorrhœa. The result was a severe attack of gonorrhœal rheumatism which resisted all treatment for two weeks. I then prescribed the manaca in twenty-drop doses, and in ten days afterward the rheumatic symptoms had entirely disappeared.

Case 3. W. R., æt. 52, had been a constant sufferer from rheumatism every winter for ten years. He suffered through the winter of 1880–81 without taking medicine, as he had arrived at the conclusion that his case was incurable. After my success in the cases reported above, I persuaded him to try the new remedy. He said he would take the medicine, but he was sure there would be no relief for him before the middle or end of May. On the 29th day of March he commenced with twenty drops of the manaca, four times a day, and at the end of the third day the pain was entirely gone. At the end of the week he could walk with perfect ease, and as there was no recurrence of the pain, he acknowledged that the medicine had cured him. He has had no trouble since, but he keeps the manaca on hand, to take in case his old enemy should appear again in the coming fall and winter.

With such results as these to commence with, we have every reason to believe that we have now at our command a comparatively certain remedy for the cure of chronic rheumatism.

I am now, for the first time, trying the manaca in a case of secondary syphilis, and should the result be satisfactory, I shall report it at a future time.—Robert A. Gunn, M. D., in *Medical Tribune*, September, 1881.

MANGIFERA INDICA.—"Natural Order—Anacardaceae. Tribe—Anacardaceae. The inner bark of the root and tree of Mangifera Indica."—*Linn.*

My attention was called to this bark about ten years ago, when it was introduced into this country for the purpose of removing the incrustation that accumulates on steam boilers In this it has been very satisfactorily employed.

I prepared an infusion from the coarsely powdered bark, and found it very astringent. This led me to experiments which have proved of the greatest value in my hands.

The experiments have been very extensive, and I predict for this drug a very important therapeutic value. This bark contains a tannin, but its action is different from tannic acid, in that it will not cause constipation of the bowels when taken internally. It can be given during active inflammation, without the slightest danger. It can also be used in cholera, in the collapsed stage, in diarrhœa, typhoid fever, and in cholera infantum, in all of which it has proven a very valuable agent.

My first experiment with the drug was in uterine inflammation, and ulceration or the cervix, by painting the ulcerated surface with the fluid extract (full strength), and using a weak solution as an injection. This treatment I have found so uniformly valuable, that I have not been able to discontinue it. In nasal catarrh, a weak solution used with a spray atomizer, is by far the best agent I have ever used.

As an internal remedy for hemorrhages of the uterus, bowels, or lungs, and also in muco-purulent discharge from either the uterus or bowels, I know of no agent equal to it.

In diphtheria it has perhaps the largest therapeutic value. I apply the extract, full strength, to the fauces, with a camel's-hair brush, and use a weak solution of it as a gargle. I can honestly assure the medical profession that it has never disappointed me. I do not wish it to be understood that this agent alone will cure all cases of diphtheria, but I do assert that I know of no remedial agent in the whole materia medica that will meet the requirements as well as the mangifera indica.

In gynæcological therapeutics, the mangifera is a most valuable adjuvant. It lessens catamenial pains, cures leucorrhœal discharges, diminishes profuse menstrual evacuations, and corrects menstrual disorders in general.

It may be used both internally and externally, wherever astringents are indicated, as in hemorrhages leucorrhœa, aphthous sore mouth, gleet, diabetes, and all excessive chronic mucous discharges.

It has the following advantages over other agents: The dose is small, easily taken, has no disagreeable taste, does not disarrange the stomach; hence it is well adapted to infants and persons with fastidious stomachs. It is rapid in its action, and more certain in its effects than most other medicines.

The dose that I have used is from fifteen minims to a fluid drachm. I usually add from one to two fluid drachms of the fluid extract to four ounces of water, and of this mixture I give a teaspoonful every hour or two. The same strength I use for gargling the throat.

For the benefit of humanity, I introduce this remedial agent to the medical profession, hoping that my brethren will *try* and *prove* its value from their own standpoint.—*M. F Linquist, M. D., in Medical Tribune, April*, 1881.

VIBURNUM PRUNIFOLIUM.—For a number of years, the current medical literature has been teeming with glowing accounts, and each succeeding contributor doing his utmost to excel his predecessor,

in sounding the virtues, claims and praises of viburnum prunifolium, in the prevention and arrest of abortion, miscarriage and all the concomitant troubles attending that condition. Notwithstanding such an array of witnesses, many of whom I well know and esteem highly, personally and professionally; it is with no factious spirit of fault-finding or wish to set up an independent opinion, but from a fair trial and an unbiassed observation, that I have been driven to a different conclusion.

I set out upon a trial of the remedy with flattering hopes and fond expectations, from the many praises of its virtues which I had heard. I was led to believe that I would find in it an anchor which could be relied upon in the most dreadful storm, and provided the craft had not sprung too large a leak or parted her timbers in the middle, would ride safely through; all that would be necessary would be time to repair the injuries incident to such a gale, the craft could be kept at sea, finish the voyage in proper time, arrive safely in the port of destination and deliver her cargo in good order and condition, and in due time be ready for sea again. But, alas for human hopes! Mine were doomed to meet the most painful and signal disappointment. With all the remedies, old or new, indigenous or exotic, in those cases, I have not met with such complete disappointment. With no other remedy or treatment has such uniform failure occurred in a practice of more than forty-five years, very largely obstetric.

I will not consume your space or the time of your readers by offering an array of cases in due form. A fair trial, in a variety of cases, for eight years, with a total failure in each, when chiefly relied upon, would cause the most stubborn advocate to abandon it in disappointment, mortification, disgust and disgrace, having lost professional character more than once from relying upon it. Let it not be supposed for a moment that I am opposed to the introduction of new remedies—the reverse is what I am charged with. I ask pardon for disagreeing with a number of my brethren, who think well of the remedy in question. I candidly think they have been deceived; the benefits attributed to it have been, at best, only apparent or accidental; and the credit due to some other remedy, or to the powers of repair, reproduction or spontaneous restoration.

If your readers will bear with me one moment further, I will just say: much of the hasty zeal of many of our well-meaning brothers in the good cause, retards rather than advance the cause of new remedies in therapeutics, by hurrying, crude and imperfect trials, partial experiments and loose observations into the pages of the medical literature of the period.—A. G. Smythe, M. D., in *Southern Medical Record*, Dec. 20, 1881.

Nitro-Glycerine in Angina Pectoris.—Professor M'Call Anderson of Glasgow University recommends nitro-glycerine in angina pectoris. "The preparation used was a 1 per cent. solution in spirit. My experience, so far, of the comparative merits of nitrite of amyl and nitro-glycerine is, that while the latter acts more slowly, several minutes elapsing before its influence is fully felt, it seems to be more permanently beneficial. Mr. M. came to me in February 1880, on account of pain in the epigastric region. I had no doubt that the pain referted to was of the nature of angina pectoris, and determined to try the effect of the internal administration of nitro-glycerine. The initial dose was 1 drop of the 1 per cent. solution three times a day which was gradually increased until he took as much as 15 drops six times a day, and with no inconvenience except that for half an hour after each dose he complained of some fullness in the head and of headache. It was soon found, however, that his symptoms were sufficiently controlled by 10 drops three times a day. Before the treatment was commenced he could never walk more than three hundred yards without pain; but when he left the hospital he could walk at least half a mile at an easy pace on the level without discomfort, and when the pain began to make its appearance he could put a stop to it at once and continue walking, by swallowing a dose of 10 drops. A month later he told me that he had found that three drops was then a sufficiently large dose of the nitro-glycerine to keep the angina symptoms in abeyance."—*William Craig, M. D., F. R. S. E., Lecturer on Materia Medica, Edinburgh School of Medicine, etc., etc., in Glasgow Medical Journal July* 1881.

On the Physiological Action of the Asclepias Curassavica.—We read in a recent number of the Uniao Medico, of Rio Janeiro, that Dr. Guimaraes has made a series of experimental investigations on the physiological action of the asclepias curassavica—a common plant in Brazil, and known to European botanists under that name, and also in England under the name of bastard ipecacuan. Dr. Guimaraes made twenty-five experiments on various animals, such as dogs, rats, guinea-pigs, etc., and he obtained some well-marked results, among which were the following:—The active principle is a cardiac poison, resembling digitalis in its action; and, like most all such poisons, the asclepias affects all the striated muscles, and causes them to lose their contractility. It does not exercise any injurious action on the nervous centres presiding over the life of relation, nor on the sensitive or motor nerves. An alcoholic solution of the roots, injected into the veins, immediately causes a great constriction of the small vessels, resulting in a considerable increase of blood-tension in the large ones, and a more of less rapid reduction of the normal temperature. It is an excitant of the vaso-motor centres. Besides these primary effects, the asclepias produces others which are secondary, among the most notable of which are disturbances of respiration, from a state of slight dyspnœa to great orthopnœa; and disorder of the digestive system, marked principally by vomiting and diarrhœa. The solution obtained by maceration from the stems and the roots acts on the heart and the vessels, but with unequal intensity—that from the stalks exercising a more marked and rapid action on the heart than the solution from the roots; but the reverse takes place when the action is exerted on the vaso-motor centres.—*Med. Times and Gazette*, Dec. 3, 1881.

Tartrate of Quinolin, a New Antiseptic and Antipyretic Agent.—At the recent meeting of the International Medical Congress in London, Dr. Julius Donath stated that the tartrate of quinolin lowers the temperature of the body very materially when introduced into the circulation. In the proportion of 0.2 per cent. it completely prevents the lactic fermentation of milk, the decomposition of urine and gelatin, and the development of bacteria in artificial cultivating fluids. Tartrate of quinolin is therefore superior in its antiseptic power to sodium salicylate, carbolic acid, quinine, boracic acid, copper sulphate, and alcohol. In the proportion of 0.4 per cent. it prevents the putrefaction of blood and the curdling of milk. In the proportion of one per cent. it destroys the coagulability of the blood, and lowers the temperature at which albumen coagulates. It is decomposed in the system and does not appear in the urine. Therapeutically quinolin is a very powerful antipyretic in enteric and intermittent fever. It has a striking effect in periodic neuralgia, and is an excellent local antiseptic. It may be given to adults in doses of one to two grams wrapped up in wafers. Children take it easily if it is dissolved in equal parts of syrup and distilled water. It does not cause any unpleasant after-effects, and the absence of giddiness and tinnitus is especially noted.—(*The British Med. Jour.* Sept. 3, 1881.)